RRB FORM RR-1a(7-79) SSA MECHANICAL CERTIFICATION OF TITLE II MONTHLY BENEFITS TO RRB FOR PAYMENT OR ADJUSTMENT	1.RRB CLAIM NO.	2.RR EE SSA NO.	3.TYPE OF ACTIVITY	4.VOUCHER NO/DATE	5.SSA RUN DATE
	A214-05-6053	214-05-6053	0 - CURRENT PAY	984 10-21-80	10-02-80

6.SSA CLAIM NO	7.BIC	8.SS BEN SSN	9.DOEI	10.DOEC	11.SS BEN NAME	12.SEX	13.PARTIAL RATE
214-05-6053	A	214-05-6053	09-80	09-80	CR SUNDERLIN	M	

14.SS BEN DOB	15.DRIM	16.PCOC	17.PIA/EFF/TYPE	18.NLAF	19.OLAF	20.MBP	21.BEN CD	22.DOED	23.ONSET DATE
09-06-18		MID-ATL	173.00 09-80 0	E		138.40	OASI		

24.NEW HISTORY DATA

(A) EFF DT	(B) MBA	(C) RFD	(D) WIC	(E) BPD
09-80	138.40		0	PD

25.OLD HISTORY DATA

(A) EFF DT	(B) MBA	(C) RFD	(D) WIC	(E) BPD

26.DUAL ENTITLEMENT DATA

(A) OTHER ACCT NO.
(B) OTHER BIC
(C) OTHER DOE
(D) OTHER PIA
(E) LRGR MBA-FAM MAX
(F) SMALLER MBA-AGE RED
(G) EXCESS AMT PAYABLE
(H) DE TYPE CODE

27.MESSAGES

*********** FILE ONLY *************
ALERT - ESTABLISH FOLDER

28.RR DPA DATA

(A) DPA DOB 09-18
(B) CODE NAME CSUND
(C) GF-HI EARMARK NO GF
(D) YEAR OF DEATH
(E) YEAR LAST WORKED 60
(F) SERVICE MONTHS 37-46
(G) TOTAL SERVICE MONTHS 158
(H) RR EMPLOYEE CR SUNDERLIN

29.SS EARNINGS DATA

(A) CURRENT YEAR
(B) CURRENT YEAR ESTIMATE
(C) FIRST PRIOR YEAR
(D) SECOND PRIOR YEAR
(E) CURRENT YR NONWK MOS
(F) 1ST PRIOR YR NONWK MOS
(G) 2ND PRIOR YR NONWK MOS

30.OP/UP DATA

(A) TEMP DED OP 1
(B) TDO 1 YEAR
(C) TEMP DED OP 2
(D) TDO 2 YEAR
(E) RECOV OP/UP AMOUNT
(F) OP/UP CODE
(G) DUE PROC OP AMOUNT
(H) DUE PROC RECOV DATE
(I) DUE PROC OP TYPE
(J) DUE PROC WH AMOUNT

31.SPECIAL PAYMENT DATA

(A) SPECIAL PMT AMOUNT
(B) TYPE CODE
(C) DEFERRAL DATE

32.PARTIAL RECOVERY DATA

(A) INIT RECOV AMOUNT
(B) RECOV CESS DATE
(C) MONTHLY RECOV AMOUNT
(D) REC SUSP DATE

33.MISCELLANEOUS DATA

(A) SUSP/TERM DATE
(B) MILITARY SERVICE CODE
(C) RECOMP IND
(D) SSA SOURCE B

34.CODE PARAGRAPHS

005 012 007 008 009

35.EXAMINER NUMBER DATE

699 10-17-80

36.PAYMENT SUMMARY

(A) ACCRUED PAYMENTS

MO RATE	FROM	THRU	AMOUNT
$ 138.40	09-80	09-80	138.40

(B) PREVIOUS PAYMENTS

$

(C) RECOVERY OF RRB OP

DI OASI $

(D) NET AMOUNT DUE $ 138.40

37.CERTIFICATION OF PAYMENT

(A) X RECURRING O/C/O

(B) NAME AND ADDRESS OF PAYEE

CHESTER R SUNDERLIN
1118 W KING ST
SAN BERNARDINO CA
92410

(C) RRB PAYEE CD 1
(D) REP PAYEE

(E) LAST MONTHLY SS CHECK RATE $
(F) MONTHLY CHECK RATE $ 138.40
(G) NET AMOUNT PAID $ 138.40
(H) LAST MONTHLY RR CHECK RATE $

RRB FORM G-35 (2-72)

STATEMENT OF JURISDICTION AND/OR RECORD OF TRANSFER

RRB CLAIM NO.

SUNDERLIN, CHESTER R.
1118 W. King St.
San Bernardino, CA
92410

D
214-05-6053
DOB-NG
12-01-1980
RR-NG

BUREAU OF DATA PROCESSING & ACCOUNTS	BUREAU OF RETIREMENT CLAIMS
1 [x] RRB HAS JURISDICTION—G-73a BEING PROCESSED	6 [ ] RRB HAS JURISDICTION–REQUEST FOR RR E/R RETURNED TO SSA OFFICE: ______ DATE ______ ______ DATE ______
2 SSA HAS JURISDICTION [ ] CURRENT CONNECTION NOT APPARENT [ ] LESS THAN 120 MONTHS OF EMPLOYER SERVICE ______ MONTHS OF SERVICE AFTER 1936	7 CASE TRANSFERRED TO SSA ON BASIS OF: [ ] RR-90 [ ] REQUEST FOR RR E/R TO [ ] PC OR [ ] DO AT ______ (CITY, STATE) REASON FOR TRANSFER: [ ] CURRENT CONNECTION NOT APPARENT [ ] LESS THAN 120 MONTHS OF EMPLOYER SERVICE
3 [ ] RR-14 INITIATED [ ] SSA-794 NOT REQUIRED	8 [ ] FORM SS-5 RETURNED [ ] FORM OA-702 RETURNED [ ] NEITHER FORM IN FILE
4 CLAIM TRANSFERRED TO SSA: APPLICATION FORM NUMBER ______ FIELD OFFICE NUMBER ______ DATE APPLICATION FILED ______ NAME AND ADDRESS OF APPLICANT:	9 MATERIAL TRANSFERRED TO SSA: [ ] APPLICATION [ ] POM [ ] POD [ ] PO M/S [ ] POA [ ] G-273a [ ] CC RL-71 [ ] RL-115 [ ] OTHER *(Specify Below):*
5 GROSS AMOUNT OF RESIDUAL $ ______	
REMARKS:	REMARKS:
Scott (PREPARED BY) 1/22/81 (DATE)	______ (PREPARED BY) ______ (DATE)

G-35 (2-72)

STATE OF CALIFORNIA

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: A-214-00-6000

1 of 2

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
CHESTER	ROBERT	SUNDERLIN	December 1, 1980	0252

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH	7. AGE
Male	White		September 6,1918	62 YEARS

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Maryland	William E. Sunderlin-West Virginia	Bertie Amick-West Virgini

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
USA	214 05 6053	Divorced	————————

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Ret. Mechanic	adult life	Santa Fe	Railroad

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
118 King Street		San Bernardino

19D. COUNTY	19E. STATE
San Bernardino	California

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Susan Glynn-Daughter
425 E. Liveoak
Arcadia, Ca 92226

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
San Bernardino Community Hospital	San Bernardino

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
1500 West 17th Street	San Bernardino

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE (A) Pending

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

DUE TO, OR AS A CONSEQUENCE OF (B)

DUE TO, OR AS A CONSEQUENCE OF (C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? Yes

25. WAS BIOPSY PERFORMED? No

26. WAS AUTOPSY PERFORMED? Yes

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: No — DATE

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) | I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE

28C. DATE SIGNED

28D. PHYSICIAN'S LICENSE NUMBER

28E. TYPE PHYSICIAN'S NAME AND ADDRESS

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC. | 30. PLACE OF INJURY | 31. INJURY AT WORK | 32A. DATE OF INJURY—MONTH, DAY, YEAR | 32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) | 34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION) INVESTIGATION

35B. CORONER—SIGNATURE AND DEGREE OR TITLE: Bill Hill Coroner by: N. J. Britton

35C. DATE SIGNED: 12-8-8

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Cremation	Dec.9,1980	Mt. View Cemetery,San Bernardino	Bruce H. Rush 7011

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Mark B. Shaw Company,Inc.	Louis E. Mahoney, M.D.	Dec.8,1980

STATE REGISTRAR	A.	B.	C.	D.	E.	F.
	1-12-19					3030

VS-11 (10-78)

* * * * * * * * * * * * * * * * * * * This must be in red to be a "CERTIFIED COPY" * * * * * * * * * * * * * * *

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE ON FILE IN THE SAN BERNARDINO COUNTY HEALTH DEPARTMENT, IF THE WORDS CERTIFIED COPY ARE IN RED.

Louis E. Mahoney MD

LOUIS E. MAHONEY, M.D., M.P.H.
DIRECTOR OF PUBLIC HEALTH

DEPARTMENT OF PUBLIC HEALTH — REGISTRAR OF VITAL STATISTICS — COUNTY OF SAN BERNARDINO

011.013.H29
14-12846-611 Rev. 10/78

THIS FORM MUST BE COMPLETED IN BLACK INK

H 214-05-6853

AMENDMENT OF MEDICAL AND HEALTH SECTION DATA-DEATH

(INSTRUCTIONS ON REVERSE)

STATE CERTIFICATE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 3600

2 of 2

IDENTIFICATION OF THE RECORD

1A FIRST NAME	1B MIDDLE NAME	1C LAST NAME
CHESTER	ROBERT	SUNDERLIN

2. PLACE OF OCCURRENCE—CITY OR COUNTY	3. DATE OF EVENT	4. DATE ORIGINAL FILED
San Bernardino	December 1, 1980	December 8, 1980

ORIGINALLY REPORTED INFORMATION

INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE (A) Pending

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

DUE TO, OR AS A CONSEQUENCE OF (B)

DUE TO, OR AS A CONSEQUENCE OF (C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? YES

25. WAS BIOPSY PERFORMED? NO

26. WAS AUTOPSY PERFORMED? YES

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? OPERATION: NO DATE:

29. SPECIFY ACCIDENT, SUICIDE, ETC. | 30. PLACE OF INJURY | 31. INJURY AT WORK | 32A. DATE OF INJURY—MONTH, DAY, YEAR | 32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) | 34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

INFORMATION AS IT SHOULD BE STATED ON THE ORIGINALLY REGISTERED CERTIFICATE

INFORMATION AS IT SHOULD BE STATED ON THE ORIGINALLY REGISTERED CERTIFICATE

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE (A) Acute and chronic alcoholism

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

DUE TO, OR AS A CONSEQUENCE OF (B)

DUE TO, OR AS A CONSEQUENCE OF (C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? YES

25. WAS BIOPSY PERFORMED? NO

26. WAS AUTOPSY PERFORMED? YES

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? OPERATION: NO DATE:

29. SPECIFY ACCIDENT, SUICIDE, ETC. | 30. PLACE OF INJURY | 31. INJURY AT WORK | 32A. DATE OF INJURY—MONTH, DAY, YEAR | 32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) | 34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER

5. I, THE CERTIFYING PHYSICIAN OR CORONER HAVING PERSONAL KNOWLEDGE OF SUPPLEMENTAL INFORMATION WHICH MODIFIES THE INFORMATION ORIGINALLY REPORTED, DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

6A SIGNATURE OF PHYSICIAN OR CORONER: N. D. Britton | 6B DATE SIGNED: 12-18-80

7A NAME OF PHYSICIAN OR CORONER (PRINT OR TYPE): Bill Hill, Coroner, By: N. D. Britton | 7B DEGREE OR TITLE

7C ADDRESS—STREET, CITY, STATE: 404 N. Sierra Way, San Bernardino, CA 92415

REGISTRAR'S OFFICE

8A OFFICE OF STATE OR LOCAL REGISTRAR | 8B DATE ACCEPTED: DEC 19 1980

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS — FORM VS-24B (REV. 10

* * * * * * * * * * * * * * * * * * * This must be in red to be a "CERTIFIED COPY" * * * * * * * * * * * * * * * * * *

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE ON FILE IN THE SAN BERNARDINO COUNTY HEALTH DEPARTMENT, IF THE WORDS CERTIFIED COPY ARE IN RED.

LOUIS E. MAHONEY, M.D., M.P.H.
DIRECTOR OF PUBLIC HEALTH

DEPARTMENT OF PUBLIC HEALTH — REGISTRAR OF VITAL STATISTICS — COUNTY OF SAN BERNARDINO

011.013.H29
14-12846-611 Rev. 10/78

CF

RRB FORM NO. G-194 (11-63)

FIELD REPORT OF DEATH AND/OR REPORT OF RETURNED CHECK(S)

INSTRUCTIONS: WHERE DEATH OF AN EMPLOYEE IS BEING REPORTED, FILL IN ITEMS 1 THROUGH 14. WHERE DEATH OF AN ANNUITANT OR PENSIONER IS BEING REPORTED, FILL IN 1 THROUGH 8 AND ITEM 14, IF APPROPRIATE. IF CHECKS OF A DECEASED ANNUITANT OR PENSIONER ARE RETURNED, ALSO FILL IN ITEMS 15 THROUGH 18. WHERE CHECKS OF A PERSON OTHER THAN A DECEASED ANNUITANT OR PENSIONER ARE RETURNED, FILL IN ITEM 1 AND ITEMS 15 THROUGH 19. ITEM 20 IS TO BE COMPLETED IN ALL CASES.

1. CLAIM NO. (IF ASSIGNED): A

2. SOCIAL SECURITY ACCOUNT NO. OF EMPLOYEE: 214-05-6053

3. NAME OF EMPLOYEE: C R Sunderlin

4. NAME OF DECEASED PERSON: Chester R. Sunderlin

5. DATE OF DEATH: Dec 1, 1980

6. ADDRESS AT TIME OF DEATH: 1118 West King St. San Bernardino, CA 92410

7. STATUS OF DECEASED PERSON UNDER RR ACT

- [ ] EMPLOYEE
- [x] EMPLOYEE ANNUITANT
- [ ] SPOUSE ANNUITANT
- [ ] INSURANCE ANNUITANT
- [ ] PENSIONER

8. SOURCE OF INFORMATION

Susan Glynn — daughter
NAME OF INFORMANT — RELATIONSHIP TO DECEDENT

425 East live Oak Ave, Apt 226 Arcadia, CA 91006 213-445-5198
ADDRESS OF INFORMANT

9. EMPLOYEE'S DATE OF BIRTH:

10. OCCUPATION:

11. LOCATION:

12. NAME OF LAST EMPLOYER:

13. DATE LAST WORKED:

14. ACTION TAKEN BY FIELD (AND REMARKS, IF ANY)

Advised SS 01-01-81 check be returned.
c/c yes

THE CHECK(S) DESCRIBED BELOW WERE RETURNED TO THE TREASURY DEPARTMENT

15. CHECK NUMBER	(A)	(B)	(C)
16. DATE OF CHECK	(A)	(B)	(C)
17. AMOUNT	(A)	(B)	(C)
18. NAME OF PAYEE			
19. REASON			

20.

DATE Dec 1, 1980 SIGNATURE B. Beuman

FIELD OFFICE 509 TITLE C/T

79·1·12/19

RL-53c-F (10-72)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
568 North Mt. View Avenue
San Bernardino, CA 92401
Telephone: 714-383-5581

December 4, 1980

214-05-6053

Susan Glynn
425 East Live Oak Avenue, Apt 226
Arcadia, CA 91006

IN REPLY REFER TO
~~A-214-05-6050~~
Chester R. Sunderlin, deceased

There may be a lump-sum death benefit payable due to the death of the above named employee. Information indicates that you have assumed responsibility for payment of the employee's burial expenses. Therefore, you may (1) authorize us to pay the lump sum direct to the funeral home to be applied against the unpaid portion of the funeral home expenses, or (2) you may wait and have the payments made to you after you have paid the burial expenses.

If you wish to authorize payment of the lump sum to the funeral home, or if someone else is paying any part of the burial expenses, please contact our office immediately.

If you wish to have the lump-sum payment made to you after you have paid the burial expenses, you must furnish the documents *checked below* before a final determination may be made about your right to payment.

- [x] Application Form AA-21
- [x] Proof of death
- [ ]
- [x] Proof of payment of burial expenses (273a)
- [ ] Copy of letters of administration or letters testamentary

The instructions on the back of this letter are to aid you in furnishing the document(s) checked above. Please follow the instructions carefully so that your claim may be handled without delay.

An application for the lump sum must be filed with the Board on or before the second anniversary of the employee's death. We suggest that you file your application as soon as the burial expenses have been paid. If the expenses will not be paid within the two-year period, you should still file an application before the end of that period.

If you have any questions or if you have difficulty in securing the required documents, please contact our office for assistance. If you write us, give a telephone number at which you can be reached.

Very truly yours,

Zana Koroulakis
District Manager

RL-53c-F
(10-72)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

568 North Mt. View Avenue
San Bernardino, CA 92401
Telephone: 714-383-5581

December 4, 1980

Pat Butler
436 Sequoria Street
San Bernardino, CA 92407

IN REPLY REFER TO

A 214-05-6050
Chester R. Sunderlin, deceased

There may be a lump-sum death benefit payable due to the death of the above named employee. Information indicates that you have assumed responsibility for payment of the employee's burial expenses. Therefore, you may (1) authorize us to pay the lump sum direct to the funeral home to be applied against the unpaid portion of the funeral home expenses, or (2) you may wait and have the payments made to you after you have paid the burial expenses.

If you wish to authorize payment of the lump sum to the funeral home, or if someone else is paying any part of the burial expenses, please contact our office immediately.

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- [X] Application Form AA-21
- [X] Proof of payment of burial expenses (273a)
- [X] Proof of death
- [ ] Copy of letters of administration or letters testamentary
- [ ]

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If you have any questions or if you have difficulty in securing the required documents, please contact our office for assistance. If you write us, give a telephone number at which you can be reached.

Very truly yours,

Zana Koroulakis
District Manager

791
~~9xx-73~~/77 12.19

12-15-80

NOTICE OF CANCELLED CHECK

DATE PROCESSED 12-15-80

DUE

CLAIM NUMBER	PC		CHECK NUMBER
A 214-05-6053	1		99574725

		PAYEE NAME-ADDRESS	AMOUNT
ISSUE DATE	12-80	CHESTER R SUNDERLIN 1118 W KING ST SAN BERNARDINO CA 92410	$ 138.40
CAUSE CODE	01		
EFF DATE	12-80		

			RR	SUPP	SS
BATCH	311	REG			138.40
ACTG DT	12150	ACCRUAL			

LAST COA			RR		SS	
BATCH	DATE	TYP	STAT	CSE	STAT	CSE
000	000000	0	N APPL	00	TERM	01

```
   CLAIM NO     P/C    RR       SS           NAME / ADDRESS        C/M     DOB     SEX
 A 214-05-6053  1   N APPL     TERM      CHESTER R SUNDERLIN        NO   09-06-18   M
                                         1118 W KING ST
    CURRENT RATE INFORMATION             SAN BERNARDINO CA         REF PAY  EARMARKS
 CHECK        RR       SUP       SS      92410                                   6 0
                               138.40

        SMIB INFORMATION
       CODE    DISA    HIB     SMIB          DIRECT DEPOSIT INFORMATION
 RATE  RR SS   CODE    DATE    DATE        DATE      ROUTE NO        ACCOUNT TYPE/NO
        0  0

        PREVIOUS ACTIONS                                        TERM/SUSP INFORMATION
     ACCRUAL  OLD RATE NEW RATE  VOU  ACC DATE  TYPE               CAUSE   EFF DT
RR
SS    138.40            138.40   311  12-15-80  T/S                 01      12-80
SUP

  SSA CLAIM NO      BEN SSN     SS ENT  SUP EF DT  SUP RED  BA NO  CB      DATE
214-05-6053 A    214-05-6053                                        0    01-23-81
-----------> ENTER NAME  COLEMAN      AND UNIT  SM 5 <----------
ENTER PREFIX  A   RRB # (9 DIGITS)  214056053   AND PAY CODE  1

SCREEN   1 DISPLAYED. NEXT ?
```

214-05-6072

MASTER FILE AS OF JANUARY 01, 19[illegible]

05 ENTITLEMENT

Claim number	Status	Name	Address
A 214-[illegible]	CURRENT PAY	PAUL [illegible]	6801 RIVER DR RD BALTIMORE MD 21219
WA 214-[illegible]	CURRENT PAY	HELEN [illegible]	6801 RIVER DR RD BALTIMORE MD 21219
A 214-[illegible]	CURRENT PAY	[illegible]	123 9TH AV BRUNSWICK MD 21716
WA 214-[illegible]	CURRENT PAY	NINA [illegible]	123 9 TH AVE BRUNSWICK MD 21716
A 214-[illegible]	CURRENT PAY	JOHN [illegible]	BX 302 CUMBERLAND MD 21502
WA 214-[illegible]	CURRENT PAY	LORENA [illegible]	BX 302 CUMBERLAND MD 21502
WCA 214-05-6012	TERMINATED	NANCY [illegible]	510 MAPLE AV GRAFTON WV 26354
[illegible] 214-[illegible]-6012	CURRENT PAY	MARY [illegible]	510 MAPLE AV GRAFTON WV 26354
WA 214-[illegible]	CURRENT PAY	MARY J [illegible]	317 [illegible] ST CUMBERLAND MD 21502
* [illegible] 214-[illegible]	TERMINATED	CHESTER [illegible]	[illegible] KING ST SAN BERNARDINO CA 92410
A 214-[illegible]	CURRENT PAY	ELMER [illegible]	RT [illegible] BX 197 JACKSON CTR PA 16133
WA 214-[illegible]	CURRENT PAY	HAZEL [illegible]	RT [illegible] BX 197 JACKSON CTR PA 16133
A 214-[illegible]-6072	CURRENT PAY	MARSHALL [illegible]	[illegible] RAWLINGS MD 21557

BENEFIT RATES [illegible]

67021 82247 70.00 .00 00 00 205-0744 2 C08 [illegible]

CERTIFICATION OF SERVICE AND COMPENSATION – BASIC AMOUNT, AMC AND PIA DETERMINATIONS

1A YEAR	B COMP. SERV. MOS.	C WAGE QC MOS EMP PATTERN	D QC WAGE & COMP	E WAGE SE	F WAGE AG	G QC M/S COMP	H WAGE M/S PATTERN	I WAGES AND/OR TIER I COMPENSATION	J (A) TIER II COMP (B) TIER I COMP & WAGES
1937 THRU 1950	42							11,869.08	
3600 51 3600	12							3,543.54	
52	12							3,600.00	
53	12							3,600.00	
3600 54 3900	12							3,900.00	
4200 55 4200	12							4,200.00	
56	12							4,200.00	
57	12							4,200.00	
58	12							4,200.00	
4800 59 4550	12							4,550.00	
4800 60 4800	8	7750						2,809.03	
61									
62									
4800 63 4900									
4800 64 5400									
65									
6600 66 6600									
67									
7800 68 7800									
69									
70									
71									
9000 72 9000									
10800 73 10800									
13200 74 13200									
14100 75 14100									
15300 76 15300									
16500 77 16500									
17700 78 17700									
22900 79 18900									
25900 80 20400									
81									

2. REQUEST DATA

A CLAIM NUMBER	B ACCOUNT NUMBER	C NAME	D SEX	E TYPE ANN	F DF ONSET	G PRIOR SVC. MOS AVERAGE	H DATE INTO SYSTEM	I MBP E/M	J TYPE REQUEST
D214056053	214 05 6053	SUNDE	U				12-30-80		SQJUR

K BIRTH DATE MO. DAY YR.	L DOD MO. YR.	M APPL. DATE Q. YR.	N ANN.BEGIN DATE MO. DAY YR	O COMP ALLOC	P M/S AFTER 1936 FROM TO CR.	Q C/C IND	R	S REQ UNIT	T REQ BUR
	12 80				1 2				

3. DPA MASTER RECORD DATA

A NAME	B ACCOUNT NO.	C CLAIM NO.	D DOB MO YR.	E PAYROLL ID	F EMPLOYER NOS	G P/S MOS.	H DATE PRINTED
SUNDERLIN CR	214 05 6053		09 18	3711	1702		12 30 80

I LYS ICC YR.	J DEATH YR. SRCE.	K INACT INCOMP IND	L EARMARKINGS SS RSI GF DF UI 87 C/C	M SSA TRANSF. OR INQUIRY	N	O DATA RECD MO. DAY SS REPLY REENTRY
005 60			GF: T	I 09-18-80		

4. SSA WAGE TAPE DATA

A PEND IND	B NAME	C DOB MO. YR	D SEX	E BEN. STATUS	F D/S FRZ	G MULT A/N	H WAGES TO DATE	I

5. SSA MASTER BENEFIT (MBR) DATA

A NAME	B BIRTH DATE MO. DAY YR. VER.	C SEX	D RR CRED.	E BIC	F LAF CODE	G CURRENT PIA	H SPEC MIN.	I SSA REG PIA	J DRC	K TERM DATE MO YR	L SMIB PREMIUM

M BENEFIT DATA MO. YR. MO. RATE	MO. YR. MO. RATE	FAM. RATE	N	O PART RATE	P SS BEN DOE MO. YR.	Q BENEFICARIES A B C D E F OTHER	R M/S CODE	S HIB EFF MO. YR.	T SMIB EFF MO. YR.

U

6. COMPUTATIONS

A SUBS. SVC. COMPENSATION DATA

	SM	COMPENSATION
TOTAL THRU DLW	158	50,671.85
CREDITABLE M/S		
TTD WITH M/S		
37-46 COMP.		
GROSS RESIDUAL		3,583.81
GROSS RESIDUAL WITH M/S		
1959 GROSS AMT		4,800.00
EXCESS TAX		

D FAMC

B COMPUTATIONS (PRIOR & SUB. SVC.)

	SM	COMPENSATION	AMC	#	OPT AMC
PRE 1975 WITH M/S				1	
POST 1974 WITH M/S				2	
1976 MAX WITH M/S				3	
1980 MAX WITH M/S				4	
THRU RR DLW WITH M/S				5	

C BASIC AMT.
I/YRS.
(1) FOR W/F AMR
AMT.
(2) FOR LSDP AMR
AMT.

7. PIA DETERMINATIONS

A PIA'S

ID	AMW	AMT.	YOC	SPEC.MIN.	AMW	AMT.	YOC	SPEC.MIN.
#								
3								
4								
5								
6								
7								
8								
9								
10								
11								
RECOMP-EFFECTIVE								
1								
3								
9								

B QTRS. OF COVERAGE
REQUIRED
M/S AS:
ACQUIRED
THRU 19
WAGES ONLY
TO DATE
WAGES & POST 74 COMP.
TO DATE
QTR I/S
ACQUIRED

C PIA 2 FOR TIER 1 WD

M/S COMP.	M/S WAGE
RECOMP.	RECOMP.

8. REMARKS:

4

RRB FORM G-90 (2-80)

5/19 1-26

RRB FORM G-73a (8-71)

REQUEST FOR CERTIFICATION OR TRANSFER–SURVIVOR CLAIM

1 WAGE REQUEST FORWARDED TO SSA

DATE ______ CK

3 RRB CLAIM NO.

8 SSA NO.

2 NAME OF DECEASED EMPLOYEE (LAST-FIRST INITIAL-MIDDLE INITIAL)

SUNDERLIN, CHESTER R.
1118 W. King St.
San Bernardino, CA
92410

D
214-05-6053

DOB-NG
12-01-1980
RR-NG

10 MILITARY SERVICE

BRANCH ______

FROM ______ TO ______

FROM ______ TO ______

VERIFIED BY ☐ SSA ☐ RRB ☐ PROOF ATTACHED

11 ☐ APPL. F/D OR ☐ DLW

12 COMPUTATION DATA

A ☐ DEC'D REC'D ANN. BEFORE 1948 BASED ON AT LEAST 10 YRS. SERVICE

$______ (AV. MO. COMP.)

B ☐ DEC'D WAS A PENSIONER

$______ (AMT. OF PEN.) $______ (AV. MO. EARN.)

C ☐ SURVIVOR AWARD MADE AFTER 9-5-58; EMPLOYEE DIED BEFORE 2-15-68. BA PREV. COMPUTED BASED ON:

$______ (AV. MO. REMUN.) ______ (INCREMENT YRS.)

13 EFFECTIVE DATE(S) OF ANNUITY

14 DISABILITY FREEZE ESTABLISHED FROM ______ TO ______

DISABILITY FREEZE ESTABLISHED BY SSA ☐ YES ☐ NO

15 LAG CODES

☐ (1) ☐ (3)
☐ (2) ☑ (4)

16 YEAR BEFORE DEATH LAG

17 YEAR OF DEATH LAG

YR	SM	COMP.	YR	SM	COMP.

18 ☐ C/C ☒ C/C BROKEN ☐ C/C UNKNOWN

19 COMPUTER PROCESSING CODES:

CODE		TYPE
(21)	☐	"A" CASE
(22)	☐	"A" CASE WITH AMC
(23)	☑	INITIAL "D"
(24)	☐	AME (PENSIONER)
(25)	☐	PA (PENSIONER)
(26)	☐	PREVIOUS AMR BASIC AMOUNT
(45)	☐	GROSS RESIDUAL ONLY
(46)	☐	RRB TRANSFER

20 TYPE OF PAYMENT:

A ☐ LUMP SUM

B ☐ MONTHLY ANNUITY O/M COMP. REQ'D.

C ☐ UNKNOWN O/M COMP. REQ'D.

22 SSA BENEFICIARY

☐ RIB OR DIB

21 JURISDICTIONAL DATA

A ☐ RRB DOES NOT HAVE JURISDICTION

B ☐ RESIDUAL PAID ELECTION MADE

C ☐ RESIDUAL PAID-NO ELECTION SA OR LSDP TO ______

D ☐ CLAIMS MATERIAL ATTACHED

E ☐ BENEFITS DEDUCTIBLE FROM GROSS RESIDUAL $______

SIGNED ______

DATE ______

23 REMARKS:

D.R. DEC 17 1980 [illegible]

EXAMINER	UNIT	DATE

CERTIFICATION OF SERVICE AND COMPENSATION - BASIC AMOUNT,AMC AND PIA DETERMINATIONS

1A YEAR	B COMP. SERV. MOS.	C WAGE QC MOS EMP PATTERN	D QC WAGE & COMP	E WAGE SE	F WAGE AG	G QC M/S COMP	H WAGE M/S PATTERN	I WAGES AND/OR TIER I COMPENSATION	J (A)TIER II COMP (B)TIER I COMP & WAGES
1937 THRU 1950	42		46					W18,507.56 11,869.08	30,376.64
3600 51 3600	12							3,543.54	3,543.54
52	12							3,600.00	3,600.00
53	12							3,600.00	3,600.00
3600 54 3900	12							3,900.00	3,600.00
4200 55 4200	12							4,200.00	4,200.00
56	12							4,200.00	4,200.00
57	12							4,200.00	4,200.00
58	12							4,200.00	4,200.00
4800 59 4550	12							4,550.00	4,550.00
4800 60 4800	8	7750						2,809.03	2,809.03
61		NNCC	2					W2,111.56	2,111.56
62									
4800 63 4900		NNNC	1					W50.00	50.00
4800 64 5400		NNNC	1					W171.75	171.75
65		NNNC	1					W864.00	864.00
6600 66 6600		CNNN	1					W208.50	208.50
67		CCNC	3					W1,845.49	1,845.49
7800 68 7800		CCCN	3					W1,628.65	1,628.65
69									
70									
71									
9000 72 9000									
10800 73 10800									
13200 74 13200									
14100 75 14100									
15300 76 15300									
16500 77 16500									
17700 78 17700									
22900 79 18900									
25900 80 20400									
81									

2. REQUEST DATA

- A CLAIM NUMBER: D214056053
- B ACCOUNT NUMBER: 214 05 6053
- C NAME: SUNDE
- D SEX: U
- E TYPE ANN
- F DF ONSET
- G PRIOR SVC. MOS AVERAGE
- H DATE INTO SYSTEM: 12-30-80
- I MBR F/M
- J TYPE REQUEST: P1.OF 2 SURV
- K BIRTH DATE MO. DAY YR.: 09 99 18
- L DOD MO. YR.: 12 80
- M APPL. DATE Q. YR.
- N ANN.BEGIN DATE MO. DAY YR: 12 00 00
- O COMP. ALLOC
- P: 1 2
- M/S AFTER 1936 FROM TO CR.
- Q C/C IND
- R
- S REQ. UNIT
- T REQ. BUR

3. DPA MASTER RECORD DATA

- A NAME: SUNDERLIN CR
- B ACCOUNT NO.: 214 05 6053
- C CLAIM NO.
- D DOB MO. YR: 09 18
- E PAYROLL ID: 3711
- F EMPLOYER NOS: 1702
- G P/S MOS.
- H DATE PRINTED: 02 05 81
- I LYS ICC YR.: 005 60
- J DEATH YR. SRCE.
- K INACT INCOM IND
- L EARMARKINGS SS RSI GF DF UI ST C/C: T
- M SSA TRANSF. OR INQUIRY: I 09-18-80
- N
- O DATA RECD. SS REPLY REENTRY MO. DAY: 02 05

4. SSA WAGE TAPE DATA

- A PEND IND
- B NAME: SUNDER
- C DOB MO. YR: 09 18
- D SEX: M
- E BEN STATUS
- F DIS. FRZ.: -
- G MULT A/N
- H WAGES TO DATE: 25,387.51
- I

5. SSA MASTER BENEFIT (MBR) DATA

A NAME | B BIRTH DATE MO. DAY YR. VER. | C SEX | D RR CRED | E BIC | F LAF CODE | G CURRENT PIA | H SPEC MIN | I SSA REG PIA | J ORC | K TERM DATE MO YR | L SMIB PREMIUM

M BENEFIT DATA MO. YR. MO. RATE | MO. YR. MO. RATE | FAM. RATE | N | O PART RATE | P SS BEN DOE MO. YR. | Q BENEFICARIES A B C D E F OTHER | R M/S CODE | S HIB EFF MO. YR. | T SMIB EFF MO. YR.

U

6. COMPUTATIONS

A SUBS. SVC. COMPENSATION DATA

	SM	COMPENSATION
TOTAL THRU DLW	158	50,671.65
CREDITABLE M/S		
TTO WITH M/S		
37-46 COMP.		
GROSS RESIDUAL		3,583.81
GROSS RESIDUAL WITH M/S		
1959 GROSS AMT		4,800.00
EXCESS TAX		

D FAMC

B COMPUTATIONS (PRIOR & SUB. SVC.)

	SM	COMPENSATION	AMC	#	OPT AMC
PRE 1975 WITH M/S				1	
POST 1974 WITH M/S				2	
1976 MAX WITH M/S				3	
1980 MAX WITH M/S				4	
THRU RR DLW WITH M/S				5	

C BASIC AMT.

- I/YRS. 29
- (1) FOR W/F AMR 212.00
- AMT. 73.32
- (2) FOR LSOP AMR 212.00
- AMT. 73.32

7. PIA DETERMINATIONS

A PIA'S - TRANS. EMPLOYEE DECD

ID	AMW	AMT.	YOC	SPEC.MIN.	XXX	XXX	COL.* AMT.	XXX	COL.* SPEC.MIN.
1	332	296.20	26				338.60		
3									
4									
5									
6									
7									
8	332	228.50	26	144.00					
9	332	296.20	26				338.60		
XX		503.20	FMB				575.20		
11									

RECOMP-EFFECTIVE

1

3

9

B QTRS. OF COVERAGE

REQUIRED M/S AS:
ACQUIRED THRU 19
WAGES ONLY TO DATE
WAGES & POST 74 COMP. TO DATE
QTR I/S ACQUIRED

C PIA 2 FOR TIER 1 WD

M/S COMP.	M/S WAGE
RECOMP.	RECOMP.

8. REMARKS: *6-80 COL PIA

ck BROKEN

-90 (2-80)

11

1A YEAR	B COMP. SERV. MOS.	C WAGE QC MOS EMP PATTERN	D QC WAGE & COMP	E WAGE SE	F WAGE AG	G QC M/S COMP	H WAGE M/S PATTERN	I WAGES AND/OR TIER I COMPENSATION	J (A)TIER II COMP (B)TIER I COMP & WAGES
1937 THRU 1950								INDEXED RR COMPENSATION	COMBND INDEXED EARNINGS
3600 51 3600								13,363.19	13,363.19
52								12,780.90	12,780.90
53								12,104.61	12,104.61
3600 54 3900								12,042.47	12,042.47
4200 55 4200								13,429.09	13,429.09
56								12,551.19	12,551.19
57								12,174.28	12,174.28
58								12,067.97	12,067.97
4800 59 4550								13,140.97	13,140.97
4800 60 4800								7,399.88	7,399.88
61									5,454.12
62									
4800 63 4900									120.05
4800 64 5400									396.17
65									1,957.71
6600 66 6600									445.68
67									3,736.70
7800 68 7800									3,085.57
69									
70									
71									
9000 72 9000									
10800 73 10800									
13200 74 13200									
14100 75 14100									
15300 76 15300									
16500 77 16500									
17700 78 17700									
22900 79 18900									
25900 80 20400									
81									

2. REQUEST DATA

A CLAIM NUMBER	B ACCOUNT NUMBER	C NAME	D SEX	E TYPE ANN	F DF ONSET	G PRIOR SVC. MOS AVERAGE	H DATE INTO SYSTEM	I MBR E/M	J TYPE REQUEST
D214056053	214 05 6053	SUNDE		U			12-30-80		P2. OF 2 SURV

K BIRTH DATE MO. DAY YR.	L DOD MO. YR.	M APPL. DATE Q. YR.	N ANN.BEGIN DATE MO. DAY YR	O COMP ALLOC	P M/S AFTER 1936 FROM TO	CR.	Q C/C IND.	R	S REQ UNIT	T REQ BUR.
09 99 18	12 80		12 00 00	1 / 2						

3. DPA MASTER RECORD DATA

A NAME | B ACCOUNT NO. | C CLAIM NO. | D DOB MO. YR | E PAYROLL ID | F EMPLOYER NOS | G P/S MOS | H DATE PRINTED

I LYS ICC YR. | J DEATH YR. SRCE. | K INACT INCORR IND | L EARMARKINGS SS RSI GF DF UI 87 C/C | M SSA TRANSF. OR INQUIRY | N | O DATA RECD. MO. DAY SS REPLY REENTRY

4. SSA WAGE TAPE DATA

A PEND IND | B NAME | C DOB MO. YR | D SEX | E BEN STATUS | F DIS FRZ | G MULT. A/N | H WAGES TO DATE | I

5. SSA MASTER BENEFIT (MBR) DATA

A NAME | B BIRTH DATE MO. DAY YR. VER. | C SEX | D RR CRED. | E BIC | F LAF CODE | G CURRENT PIA | H SPEC. MIN. | I SSA REQ. PIA | J ORC | K TERM DATE MO. YR | L SMIB PREMIUM

M BENEFIT DATA MO. YR. MO. RATE | MO. YR. MO. RATE | FAM. RATE | N | O PART RATE | P SS BEN DOE MO. YR. | Q BENEFICARIES A B C D E F OTHER | R M/S CODE | S HIB EFF MO. YR. | T SMIB EFF MO. YR.

U

6. COMPUTATIONS

A SUBS. SVC. COMPENSATION DATA — SM COMPENSATION
- TOTAL THRU DLW
- CREDITABLE M/S
- TTD WITH M/S
- 37-46 COMP.
- GROSS RESIDUAL
- GROSS RESIDUAL WITH M/S
- 1959 GROSS AMT
- EXCESS TAX

D FAMC

B COMPUTATIONS (PRIOR & SUB. SVC.) — SM COMPENSATION AMC # OPT AMC
- PRE 1975 WITH M/S — 1
- POST 1974 WITH M/S — 2
- 1976 MAX WITH M/S — 3
- 1980 MAX WITH M/S — 4
- THRU RR DLW WITH M/S — 5

C BASIC AMT. I/YRS.
(1) FOR W/F AMR
AMT.
(2) FOR LSOP AMR
AMT.

7. PIA DETERMINATIONS

A PIA'S — EMPLOYEE DECD

ID	AIME	ELIG. AMT.	YOC	SPEC.MIN.	ELIG.YR.	COL* AMT.	COL.* SPEC.MIN.
1	1052	449.20	26	184.00	80	513.50	231.30
3							
4							
5							
6 X		139.50	FRZN MIN. PIA				
7							
8							
9	1052	449.20	26	184.00	80	513.50	231.30
XX		793.50	FMB			907.00	
11							

RECOMP-EFFECTIVE
1
3
9

B QTRS. OF COVERAGE
REQUIRED
M/S AS:
ACQUIRED
THRU 19
WAGES ONLY
TO DATE
WAGES & POST 74 COMP.
TO DATE
QTR I/S
ACQUIRED

C PIA 2 FOR TIER 1 WD
M/S COMP. | M/S WAGE
RECOMP. | RECOMP.

8. REMARKS: *6-80 COL PIA

114.B

CERTIFICATION OF SERVICE AND COMPENSATION - BASIC AMOUNT, AMC AND PIA DETERMINATIONS

RRB FORM G-90 (12-80)

R 3-25-10

ATTN CRIT CASE BR

RE CHESTER R SUNDERLIN 214-05-6053 DOD 12-1-80

QBD 1960 THRU CP

LIPSON D-214-05-6053

E

S 5 27 14

ATTN LIPSON

RETEL 3 25 10

RE CHESTER R SUNDERLIN AN 214 05 6053 D-214 05 6053

1101.92 9/61
1009.64 12/61

50.00 12/63

171.75 12/64

864.00 12/65

208.50 3/66

3/67 984.81

6/67 101.80

12/67 698.88

3/68 613.65
6/68 560.00

9/68 455.00

F24 WICKHAM

E

519

G-115a

RAILROAD RETIREMENT BOARD - - INTEROFFICE COMMUNICATION

MEMORANDUM

1-26-81

TO D/O: San Bernardino, CA

FROM BRC-SM5

SUBJECT Chester R. Sunderlin, dec'd EE D-214-05-6053

Revr ~~G~~ RL53c-F's dated 12-4-80. to Susan Glynn and Pat Butler. Accrued annuity, LSDP, and RLS due and payable. Have you abandoned development?

Thank-you
J. Coleman
x4666

2-4-81. We normally do not trace for AA-21's when we use RL53cf letters. These ladies were advised to file asap when they notified us ~~of~~ of EE's death. We have heard nothing from them todate. Unable to reach them by phone - Will send RL-53cf to them then abandon

Z

FORM APPROVED
O.M.B. NO. 72-R0144

FORM AA-21
(1-77)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

APPLICATION FOR LUMP-SUM DEATH PAYMENT AND ANNUITIES UNPAID AT DEATH

602

RRB CLAIM NO.	PREF A
DECEASED EMPLOYEE'S SSA. NO.	2 1 4 0 5 6 0 5 3

THIS SPACE FOR BOARD USE ONLY

FIELD OFFICE NO.	5 0 9		
CODED	OFFICIALLY FILED	MO. 03	DAY 02	YR. 81
BY WJ DATE 3-23-81	BY Zkoroulakis		

The information asked for in this application is needed to determine your entitlement to benefits under the Railroad Retirement Act and the correct amount of such benefits. No benefits may be paid unless a completed application form is received (45 U.S.C. 231a).

1 Print Deceased Employee's Name (First, Middle Initial, Maiden Name, If Female, Last): CHESTER R SUNDERLIN

2 Print Applicant's Name (First, Middle Initial, Last): SUSAN E GLYNN

3 Address: #425 E LIVE OAK AVE.
APT. 226
ARCADIA CALIF. 91006

4 County: LOS ANGELES

5 Telephone Number: 213-445-5198

6 Employee's date of birth: MO. 9 DAY 6 YR. 18

7 (a) Employee's date of death: MO. 12 DAY 1 YR. 80

(b) EMPLOYEE'S FIXED, PERMANENT HOME AT THE TIME OF DEATH (GIVE STATE OR FOREIGN COUNTRY): CALIFORNIA

8 Was the employee unable to work because of a disabling condition at the time of death? If "Yes," give the date the disability began: YES [ ] NO [✓]

9 (a) Was the employee in active military service after September 7, 1939? *If "Yes,"* complete (b): YES [ ] NO [✓]

(b) Give branch of service and the inclusive dates of each period of military service:

BRANCH OF SERVICE	BEGAN MO.	BEGAN DAY	BEGAN YR.	ENDED MO.	ENDED DAY	ENDED YR.

10 List all work for hire performed by the employee during the last 3 years of employment:

NAME AND ADDRESS OF EMPLOYER	BEGAN MO.	BEGAN YR.	ENDED MO.	ENDED YR.

11 Was the employee self-employed at any time within the 2 year period prior to death? .... If *"Yes,"* complete the following:	YES	
	NO	X

CHECK THE YEAR OR YEARS IN WHICH THE EMPLOYEE WAS SELF-EMPLOYED	IN WHAT KINDS OF TRADE OR BUSINESS WAS THE EMPLOYEE SELF-EMPLOYED?	EMPLOYEE'S NET EARNINGS FROM TRADE OR BUSINESS (*Check one*) LESS THAN $400	$400 OR OVER
☐ THIS YEAR			
☐ LAST YEAR			
☐ YEAR BEFORE LAST			

RECEIVED MAR 16 1981 RAILROAD RETIREMENT BOARD MAILROOM SECTION

12 Was the employee ever married? .... If *"Yes,"* give the following information about each marriage of the employee, including the one, if any, in effect when the employee died:	YES	X
	NO	

MARRIAGE DATE	MARRIAGE PLACE	TO WHOM MARRIED	MARRIAGE ENDED HOW (*CHECK* ONE)		DATE	PLACE
			DEATH			
			DIVORCE	✓		
			ANNULMENT			
			DEATH			
			DIVORCE			
			ANNULMENT			
			DEATH			
			DIVORCE			
			ANNULMENT			

13 (a) Was the employee survived by a widow(er)? .... If *"Yes,"* complete (b), (c), and (d): YES ☐ NO X

(b) WIDOW(ER)'S NAME AND ADDRESS | SSA NUMBER

(c) Widow(er)'s date of birth .... MO. | DAY | YR.

If the widow(er) is now, or was in the month of the employee's death, age 50-59, is she (he) permanently disabled for any regular employment? .... YES ☐ NO X

(d) Were the employee and his wife (her husband) living together at the same address at the time of the employee's death? .... YES ☐ NO ☐

If *"No,"* complete (1), (2), and (3):

(1) Give: DATE SEPARATION BEGAN | REASON FOR SEPARATION

(2) Was the employee under order by any court to contribute to the support of his wife (her husband)? ..... YES ☐ NO ☐
If *"Yes,"* and you are the widow or widower, submit a copy of the court order.

(3) Was the employee contributing to the support of his wife (her husband)? (Contributions may be in cash or kind, such as living rent-free in a house which the employee owned.) .... YES ☐ NO ☐
If *"Yes,"* state how often and in what amounts contributions were made and date of last contribution:

14 (a) Give the following information about the employee's children:

NAME AND ADDRESS OF CHILD	DATE OF BIRTH MO.	DAY	YR.	RELATIONSHIP (Check one) LEGITIMATE	ADOPTED	STEP-CHILD	OTHER
SUSAN ELAINE GLYNN	8	4	40	✓			
PATRICA LOUISE BUTLER	2	18	45	✓			

(b) Is a child of the employee expected to be born? .... If *"Yes,"* give the month in which birth is expected: YES ☐ NO X

15 Were any of the children named in item 14 unmarried and (1) under age 18, (2) age 18 to 23 and attending school full time, or (3) age 18 or older and unable to work because of a disability which began before age 22, as of the month in which the employee died?...... If "Yes," give: YES ☐ NO X

NAME OF CHILD	IF AGE 18 OR OLDER, CHECK ONE: BECAME DISABLED BEFORE 22	FULL-TIME STUDENT

16 Was the employee survived by any unmarried, dependent grandchildren who were (1) under

16 Was the employee survived by any unmarried, dependent grandchildren who were (1) under age 18, (2) age 18 to 23 and attending school full time, or (3) age 18 or older and unable to work because of a disability which began before age 22, as of the month in which the employee died? ..... YES [ ] NO [X]

If "*Yes*," give:

NAME AND ADDRESS OF GRANDCHILD	DATE OF BIRTH MO.	DAY	YR.	IF AGE 18 OR OLDER, CHECK ONE: BECAME DISABLED BEFORE 22	FULL-TIME STUDENT

17 (a) Was the employee survived by a parent? ..... YES [ ] NO [X]

If "*Yes*," complete (b) and (c):

(b) Give the following information:

NAME AND ADDRESS OF PARENT	WAS PARENT DEPENDENT ON EMPLOYEE (YES OR NO)	RELATIONSHIP (*Check One*): NATURAL PARENT	ADOPTIVE PARENT	STEP-PARENT	DATE OF BIRTH: MO.	DAY	YR.

(c) If you are the parent of the employee, were you receiving at least one-half of your support from the employee at the time of death? ..... YES [ ] NO [X]

18 If the employee is survived by a divorced wife and he was married to her for at least 20 years, give:

NAME AND ADDRESS OF THE DIVORCED WIFE:	DATE OF BIRTH MO.	DAY	YR.

19 What is your relationship to the deceased employee?
Daughter

IF YOU ARE THE FUNERAL HOME APPLICANT, SKIP ITEMS 20-30, SIGN THIS APPLICATION, AND COMPLETE FORM G-273a

20 If you are the employee's *widow*, give your maiden name:

21 If you are the *widower*, were you receiving at least one-half of your support from the employee when she died or when her retirement annuity began? ..... YES [ ] NO [ ]

22 If you are the widow or widower:

(a) Was your marriage to the employee performed by a clergyman or authorized public official? ..... YES [ ] NO [ ]

If "*No*," explain:

(b) Have you ever been married to anyone other than the employee? ..... YES [ ] NO [ ]

If "*Yes*," give the following information about each of your other marriages:

MARRIAGE: DATE	PLACE	TO WHOM MARRIED	MARRIAGE ENDED: HOW (*Check ONE*)	DATE	PLACE
			DEATH [ ] DIVORCE [ ] ANNULMENT [ ]		
			DEATH [ ] DIVORCE [ ] ANNULMENT [ ]		
			DEATH [ ] DIVORCE [ ] ANNULMENT [ ]		

IF YOU ARE THE WIDOW OR WIDOWER AND YOU WERE LIVING IN THE SAME HOUSEHOLD WITH THE EMPLOYEE AT TIME OF DEATH, SKIP ITEMS 23-30 AND SIGN THIS APPLICATION.

23 If you paid all or part of the employee's burial expenses or assumed responsibility for the payment of such expenses, give the information called for below: (*If you need more space, continue in "Remarks" or on a separate sheet.*)

	TOTAL COST	SOURCE OF PAYMENT(S)	AMOUNT PAID
(a) 1. Funeral home expenses	$558.90	Amount paid by you from your own funds	$150.00
		Amount paid by you from employee's funds	$
		Other Person(s) who paid Funeral Expenses	
		Name: PAT BUTLER	$153.90
		Name: SSA	$255.00
		Name:	$
		TOTAL FUNERAL HOME EXPENSES PAID	$558.90
2. Other expenses not included in funeral home expenses above:		PERSON(S) WHO PAID OTHER EXPENSES	
• Grave opening and closing	$	NAME:	$
• Burial plot	$	NAME:	$
• Other burial expenses	$	NAME:	$
TOTAL BURIAL EXPENSES	558.90		

(b) If (a) does not include the cost of the burial plot, was burial in the family plot? ..... YES [ ] NO [ ]

If "*No*," give the name of the person who furnished the plot:

(c) If any of the employee's funeral home expenses are unpaid, did you assume responsibility for payment of such unpaid expenses? ..... YES [ ] NO [ ]

If "*No*," did anyone else assume responsibility for payment of any part of the unpaid burial expenses? ..... YES [ ] NO [ ]

If "*Yes*," give his (ber) name:

24 Give the address of any person, other than yourself, shown in item 23(a), (b), or (c):

NAME	ADDRESS

25 Have you received, or will you receive, any cash or property toward the expenses you paid as shown in Item 23(a)? (Do not include proceeds from an insurance policy or death benefits from a fraternal association, union, or employer if you were named beneficiary of such benefit.) YES [ ] NO [X]

If *"Yes,"* give the following information:

SOURCE OF PAYMENT	DATE PAYMENT RECEIVED OR EXPECTED	AMOUNT
		$
		$

26 Has an application for the burial allowance been filed (or will it be filed) with the Veterans Administration or any other Federal Agency? YES [X] NO [ ]

If *"Yes,"* give the following information:

NAME OF AGENCY	NAME OF PERSON FILING WITH OTHER AGENCY	AMOUNT
☐ Veterans Administration		$
☒ Other (Give name) SSA	Pat Butler	$ 255

27 Have you been appointed administrator or executor of the employee's estate? YES [ ] NO [ ]

If *"No,"* give name and address of the administrator or executor: *(If none, enter "None.")*

NAME	ADDRESS

28 If there are no living children, give the following information about the employee's living grandchildren: *(If none, enter "None.")*

NAME AND ADDRESS	AGE	NAMES OF PARENTS (INCLUDE MOTHER'S MAIDEN NAME)
		FATHER
		MOTHER
		FATHER
		MOTHER
		FATHER
		MOTHER

RECEIVED MAR 16 1981 RAILROAD RETIREMENT BOARD MAILROOM SECTION

29 If there are no living children, grandchildren, or parents, give the following information about the employee's living brothers and sisters: *(If none, enter "None.")*

NAME	AGE	ADDRESS

30 If any of the funeral home expenses shown in Item 23(a) are unpaid, the lump-sum death payment must first be paid to the funeral home(s) to the extent of the unpaid expenses. If you assumed responsibility for the payment of these expenses, you may authorize payment of the lump-sum death payment to the funeral home by completing the following: I hereby authorize the Railroad Retirement Board to make payment of the lump sum to:

NAME OF FUNERAL HOME	ADDRESS

Such payment is to be applied toward the unpaid funeral home expenses of $______

REMARKS

CERTIFICATION: KNOWING THAT ANYONE WHO MAKES ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER FEDERAL LAW IS COMMITTING A CRIME PUNISHABLE UNDER FEDERAL LAW, I CERTIFY THAT THE DATA I FURNISHED IS CORRECT.

SIGNATURE OF APPLICANT Susan Elaine Glynn

IF THIS FORM IS SIGNED BY MARK (X), TWO WITNESSES OR A BOARD REPRESENTATIVE MUST SIGN → 1. NAME 2. NAME

FORM A... O.M.B. N... 144

FORM AA-21 (1-77)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

APPLICATION FOR LUMP-SUM DEATH PAYMENT AND ANNUITIES UNPAID AT DEATH

101

RRB CLAIM NO.	PREF A
DECEASED EMPLOYEE'S SSA. NO.	2 1 4 0 5 6 0 5 3
THIS SPACE FOR BOARD USE ONLY — FIELD OFFICE NO.	5 0 9
CODED	OFFICIALLY FILED: MO. 03 DAY 02 YR. 81
BY / DATE: WJ 3-23-81	BY: J. Koroulakis

The information asked for in this application is needed to determine your entitlement to benefits under the Railroad Retirement Act and the correct amount of such benefits. No benefits may be paid unless a completed application form is received (45 U.S.C. 231a).

1 Print Deceased Employee's Name (First, Middle Initial, Maiden Name, If Female, Last): CHESTER R SUNDERLIN

2 Print Applicant's Name (First, Middle Initial, Last): PATRICIA L BUTLER

3 Address: #436 SEQUOIA
SAN BERNARDINO CA
92407

4 County: San Bernardino

5 Telephone Number: 882-1239

	MO.	DAY	YR.
6 Employee's date of birth	09	06	18
7 (a) Employee's date of death	12	01	80

(b) EMPLOYEE'S FIXED, PERMANENT HOME AT THE TIME OF DEATH (GIVE STATE OR FOREIGN COUNTRY): California

8 Was the employee unable to work because of a disabling condition at the time of death? If "Yes," give the date the disability began: YES [ ] NO [✓]

9 (a) Was the employee in active military service after September 7, 1939? *If "Yes,"* complete (b): YES [ ] NO [✓]

(b) Give branch of service and the inclusive dates of each period of military service:

BRANCH OF SERVICE	BEGAN MO.	BEGAN DAY	BEGAN YR.	ENDED MO.	ENDED DAY	ENDED YR.

10 List all work for hire performed by the employee during the last 3 years of employment:

NAME AND ADDRESS OF EMPLOYER	BEGAN MO.	BEGAN YR.	ENDED MO.	ENDED YR.

12(?) Have you been appointed administrator or executor of the employee's estate? ..... YES

11 Was the employee self-employed at any time within the 2 year period prior to death? YES [ ] NO [X]
If *"Yes,"* complete the following:

CHECK THE YEAR OR YEARS IN WHICH THE EMPLOYEE WAS SELF-EMPLOYED	IN WHAT KINDS OF TRADE OR BUSINESS WAS THE EMPLOYEE SELF-EMPLOYED?	EMPLOYEE'S NET EARNINGS FROM TRADE OR BUSINESS (*Check one*) LESS THAN $400	$400 OR OVER
☐ THIS YEAR			
☐ LAST YEAR			
☐ YEAR BEFORE LAST			

RECEIVED MAR 16 1981 RAILROAD RETIREMENT BOARD MAILROOM SECTION

12 Was the employee ever married? YES [X] NO [ ]
If *"Yes,"* give the following information about each marriage of the employee, including the one, if any, in effect when the employee died:

MARRIAGE DATE	MARRIAGE PLACE	TO WHOM MARRIED	MARRIAGE ENDED HOW (*CHECK* ONE)		DATE	PLACE
1939	W U	BEULAH M. HUGHES	DEATH / DIVORCE / ANNULMENT	X (Divorce)	1960	SAN BDNO, CA
			DEATH / DIVORCE / ANNULMENT			
			DEATH / DIVORCE / ANNULMENT			

13 (a) Was the employee survived by a widow(er)? YES [ ] NO [X]
If *"Yes,"* complete (b), (c), and (d):

(b) WIDOW(ER)'S NAME AND ADDRESS | SSA NUMBER

(c) Widow(er)'s date of birth MO. DAY YR.

If the widow(er) is now, or was in the month of the employee's death, age 50-59, is she (he) permanently disabled for any regular employment? YES [ ] NO [X]

(d) Were the employee and his wife (her husband) living together at the same address at the time of the employee's death? YES [ ] NO [ ]
If *"No,"* complete (1), (2), and (3):

(1) Give: DATE SEPARATION BEGAN | REASON FOR SEPARATION

(2) Was the employee under order by any court to contribute to the support of his wife (her husband)? YES [ ] NO [ ]
If *"Yes,"* and you are the widow or widower, submit a copy of the court order.

(3) Was the employee contributing to the support of his wife (her husband)? (Contributions may be in cash or kind, such as living rent-free in a house which the employee owned.) YES [ ] NO [ ]
If *"Yes,"* state how often and in what amounts contributions were made and date of last contribution:

14 (a) Give the following information about the employee's children:

NAME AND ADDRESS OF CHILD	DATE OF BIRTH MO.	DAY	YR.	LEGIT-IMATE	ADOP-TED	STEP-CHILD	OTHER
SUSAN ELAINE GLYNN	08	04	40	✓			
PATRICIA L BUTLER	02	18	45	✓			

(b) Is a child of the employee expected to be born? YES [ ] NO [X]
If *"Yes,"* give the month in which birth is expected:

15 Were any of the children named in item 14 unmarried and (1) under age 18, (2) age 18 to 23 and attending school full time, or (3) age 18 or older and unable to work because of a disability which began before age 22, as of the month in which the employee died? YES [ ] NO [X]
If "Yes," give:

NAME OF CHILD	IF AGE 18 OR OLDER, CHECK ONE: BECAME DISABLED BEFORE 22	FULL-TIME STUDENT

16 Was the employee survived by any unmarried, dependent grandchildren who were (1) under

16 Was the employee survived by any unmarried, dependent grandchildren who were (1) under age 18, (2) age 18 to 23 and attending school full time, or (3) age 18 or older and unable to work because of a disability which began before age 22, as of the month in which the employee died? .... YES [ ] NO [X]

If "*Yes*," give:

NAME AND ADDRESS OF GRANDCHILD	DATE OF BIRTH MO.	DAY	YR.	IF AGE 18 OR OLDER, CHECK ONE: BECAME DISABLED BEFORE 22	FULL-TIME STUDENT

17 (a) Was the employee survived by a parent? .... YES [ ] NO [X]
If "*Yes*," complete (b) and (c):
(b) Give the following information:

NAME AND ADDRESS OF PARENT	WAS PARENT DEPENDENT ON EMPLOYEE (YES OR NO)	RELATIONSHIP (*Check One*): NATURAL PARENT	ADOPTIVE PARENT	STEP-PARENT	DATE OF BIRTH MO.	DAY	YR.

(c) If you are the parent of the employee, were you receiving at least one-half of your support from the employee at the time of death? .... YES [ ] NO [X]

18 If the employee is survived by a divorced wife and he was married to her for at least 20 years, give:

NAME AND ADDRESS OF THE DIVORCED WIFE:	DATE OF BIRTH MO.	DAY	YR.

19 What is your relationship to the deceased employee?
DTR

IF YOU ARE THE FUNERAL HOME APPLICANT, SKIP ITEMS 20-30, SIGN THIS APPLICATION, AND COMPLETE FORM G-273a

20 If you are the employee's *widow*, give your maiden name:

21 If you are the *widower*, were you receiving at least one-half of your support from the employee when she died or when her retirement annuity began? .... YES [ ] NO [X]

22 If you are the widow or widower:
(a) Was your marriage to the employee performed by a clergyman or authorized public official? .... YES [ ] NO [X]
If "*No*," explain:

(b) Have you ever been married to anyone other than the employee? .... YES [ ] NO [ ]
If "*Yes*," give the following information about each of your other marriages:

MARRIAGE: DATE	PLACE	TO WHOM MARRIED	MARRIAGE ENDED: HOW (*Check ONE*)	DATE	PLACE
			DEATH / DIVORCE / ANNULMENT		
			DEATH / DIVORCE / ANNULMENT		
			DEATH / DIVORCE / ANNULMENT		

IF YOU ARE THE WIDOW OR WIDOWER AND YOU WERE LIVING IN THE SAME HOUSEHOLD WITH THE EMPLOYEE AT TIME OF DEATH, SKIP ITEMS 23-30 AND SIGN THIS APPLICATION.

23 If you paid all or part of the employee's burial expenses or assumed responsibility for the payment of such expenses, give the information called for below: (*If you need more space, continue in "Remarks" or on a separate sheet.*)

	TOTAL COST	SOURCE OF PAYMENT(S)	AMOUNT PAID
(a) 1. Funeral home expenses	$558.90	Amount paid by you from your own funds	$303.90
		Amount paid by you from employee's funds	$
		Other Person(s) who paid Funeral Expenses	
		Name: SSA	$255.00
		Name:	$
		Name:	$
		TOTAL FUNERAL HOME EXPENSES PAID	$558.90

2. Other expenses not included in funeral home expenses above:		PERSON(S) WHO PAID OTHER EXPENSES	
• Grave opening and closing	$	NAME:	$
• Burial plot	$	NAME:	$
• Other burial expenses	$	NAME:	$
TOTAL BURIAL EXPENSES	$558.90		

(b) If (a) does not include the cost of the burial plot, was burial in the family plot? .... YES [ ] NO [ ]
If "*No*," give the name of the person who furnished the plot:

(c) If any of the employee's funeral home expenses are unpaid, did you assume responsibility for payment of such unpaid expenses? .... YES [ ] NO [ ]

If "*No*," did anyone else assume responsibility for payment of any part of the unpaid burial expenses? .... YES [ ] NO [ ]

If "*Yes*," give his (her) name:

24 Give the address of any person, other than yourself, shown in item 23(a), (b), or (c):

NAME	ADDRESS

25 Have you received, or will you receive, any cash or property toward the expenses you paid as shown in Item 23(a)? .... YES X NO
(Do not include proceeds from an insurance policy or death benefits from a fraternal association, union, or employer if you were named beneficiary of such benefit.)

If *"Yes,"* give the following information:

SOURCE OF PAYMENT	DATE PAYMENT RECEIVED OR EXPECTED	AMOUNT
SUSAN E GLYNN	1-2-81	$ 150.00
		$

26 Has an application for the burial allowance been filed (or will it be filed) with the Veterans Administration or any other Federal Agency? .... YES X NO

If *"Yes,"* give the following information:

NAME OF AGENCY	NAME OF PERSON FILING WITH OTHER AGENCY	AMOUNT
☐ Veterans Administration		$
☒ Other (Give name)	SSA - PAT BUTLER	$ 255.00

27 Have you been appointed administrator or executor of the employee's estate? .... YES NO X

If *"No,"* give name and address of the administrator or executor: *(If none, enter "None.")*

NAME	ADDRESS
NONE	

28 If there are no living children, give the following information about the employee's living grandchildren: *(If none, enter "None.")*

NAME AND ADDRESS	AGE	NAMES OF PARENTS (INCLUDE MOTHER'S MAIDEN NAME)
		FATHER
		MOTHER
		FATHER
		MOTHER
		FATHER
		MOTHER

29 If there are no living children, grandchildren, or parents, give the following information about the employee's living brothers and sisters: *(If none, enter "None.")*

NAME	AGE	ADDRESS

30 If any of the funeral home expenses shown in Item 23(a) are unpaid, the lump-sum death payment must first be paid to the funeral home(s) to the extent of the unpaid expenses. If you assumed responsibility for the payment of these expenses, you may authorize payment of the lump-sum death payment to the funeral home by completing the following: I hereby authorize the Railroad Retirement Board to make payment of the lump sum to:

NAME OF FUNERAL HOME	ADDRESS

Such payment is to be applied toward the unpaid funeral home expenses of $________

REMARKS

CERTIFICATION: KNOWING THAT ANYONE WHO MAKES ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER FEDERAL LAW IS COMMITTING A CRIME PUNISHABLE UNDER FEDERAL LAW, I CERTIFY THAT THE DATA I FURNISHED IS CORRECT.

SIGNATURE OF APPLICANT Patricia L Butler

IF THIS FORM IS SIGNED BY MARK (X), TWO WITNESSES OR A BOARD REPRESENTATIVE MUST SIGN →

1. NAME

2. NAME

G-115x
(7-56)

RAILROAD RETIREMENT BOARD - - INTEROFFICE COMMUNICATION

SPEED MEMO

TO

FROM

SUBJECT

MESSAGE	YOUR REPLY
DATE	DATE
SIGNATURE	SIGNATURE

10

RRB FORM G-37b (8-71)

TELETYPE MESSAGE TO SSA – BDPA

DATE: 3-24-81

PLEASE PRINT

RE:	NAME OF WAGE EARNER: Chester R. Sunderlin	SSA NO.: 214-05-6053

DATE OF DEATH	*(Complete only when jurisdiction determination will be delayed)*
12-1-80	E/R REQUEST BLOCK

MESSAGE:

☑ TO: BDPA-CRITICAL CASE BRANCH

☐ C/C ☒ QBD (QB) ☐ QBD & ERS ☐ ______ (SEI, AG, ETC.)

FROM 1960 (MONTH & YEAR) THRU C.P (MONTH & YEAR).

☐ JURISDICTION DETERMINATION WILL BE DELAYED.

MESSAGE:

☐ TO: BDPA (PACA-PRATT BLDG)

☐ PHOTO SS-5 ☐ ALL INFO SS-5

☐ SCREEN FOR A/N. ______ (DATE OF BIRTH), ______ (PLACE OF BIRTH),

______ (MOTHER'S MAIDEN NAME), ______ (FATHER'S NAME).

REPLY ATTN: M. Lipson (SUPERVISOR), D 214-05-6053 (RRB CLAIM NO.).

SENDER	UNIT	EXT.	BUDGET NO.
E Abercrombie	Mod 7	4681	2345

G-37b (8-71)

FORM APPROVED
O.M.B. NO. 70-R0294

FORM G-273a
(1-72)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

FUNERAL DIRECTOR'S STATEMENT OF BURIAL CHARGES

RRB CLAIM NO.

DECEASED EMPLOYEE'S SOCIAL SECURITY NO.
214-05-6053

NAME OF DECEASED EMPLOYEE
Chester R. Sunderlin

DATE OF DEATH
Dec. 1, 1980

1. (a) Enter your total charges, including cash advances, for this burial service . . . . . $ 558.90

(b) Itemize cash advances:
Opening and closing of grave . . . . . $ n/a
Cemetery space . . . . . $ n/a
Taxes (*Sales or Use*) . . . . . $ .90
Other (*Describe in "Remarks"*) . . . . . $ 133.00

(c) Give the following information about all payments you received, or expect to receive from any friend, relative, or organization: (*This includes payments from the Veterans Administration, insurance policies, fraternal associations, or unions. DO NOT include payment you may expect from the Railroad Retirement Board.*)

SOURCE OF PAYMENT (Name of person or organization)	NAME OF BENEFICIARY (If any)	DATE PAYMENT RECEIVED OR EXPECTED	AMOUNT
Pat Butler		1-2-81	$ 303.90
3-2-81 Soc. Sec. Admin		3-2-81	$ 255.00
			$
			$

(d) **ENTER TOTAL** . . . . . $ 558.90

(e) Balance of remaining burial charges (*Item (a) minus (d)*) . . . . . $ none

(f) If there is a balance shown in (e), did any person or organization take responsibility for payment of all or part of those expenses? . . . . . ☐ YES ☐ NO
If "*Yes,*" give name and address:

2. Has any other funeral home furnished services in connection with the deceased employee's burial? . . . . . ☐ YES ☒ NO
If "*Yes,*" give name and address of other funeral home:

(OVER)

RRB--San Bernardino, CA MAR 11 1981

COMPLETE ITEMS 3, 4, AND 5 ONLY IF YOU (The Funeral Director) ARE ALSO COMPLETING FORM AA-21, APPLICATION FOR LUMP SUM DEATH PAYMENT.

3. Who referred the body to your funeral home?

[XX] RELATIVE   [ ] PUBLIC OFFICIAL *(Title)*

[ ] FRIEND   [ ] OTHER *(Specify)*

NAME AND ADDRESS

Pat Butler
436 Sequoia, San Bernardino, Ca. 92407

4. Did such person, agency or organization or any other person, agency or organization select type and price of burial? . . . . [X] YES [ ] NO

If "Yes," give name and address *(if same as above, indicate "Same")*

[ ] RELATIVE   [ ] PUBLIC OFFICIAL *(Title)*

[ ] FRIEND   [ ] OTHER *(Specify)* same as above

5. Did you have a contract to bury the deceased? *(This includes a contract for this specific burial or a general contract, e.g., to bury indigents.)* . . . . [ ] YES [XX] NO

If "Yes," give name and address of person, agency or organization with whom you had the contract.

REMARKS

Obit in Sun	30.00
Cremation & Disposition, Mt. View Ceme.	105.00
1 Death Cert.	3.00
Minister's Honorarium	25.00
	133.00

Certification By Funeral Director

I certify that:

- I am an authorized funeral director and prepared for burial or buried the body of the deceased employee named on the front of this form.
- I understand that this statement may be used in connection with an application for benefits payable under the U. S. Railroad Retirement Act.
- I will either return the check or refund the excess to the Railroad Retirement Board if payment is made to me by the Board and the amount is greater than the unpaid expenses at the time I receive the check.

NAME AND ADDRESS OF FUNERAL DIRECTOR OR FIRM	SIGNATURE
MARK B. SHAW COMPANY, INC. P.O. BOX 2275 SAN BERNARDINO, CA 92406	TITLE Richard J. Filanc Jr. President
TELEPHONE NUMBER 714-889-0173	DATE March 10, 1981

PPPPP A M M
P P A A M M M M
PPPPP A A M M M
P A A A M M
P A A M M

MECHANICAL OUTPUT REFERRAL

560 5-11-81

04/29/81

MANUAL PROCESSING REQUIRED

**** TYPE OF ACTIVITY TERMINATION ****

SSA CERTIFICATION - MBR DATA

NAME CHESTER R SUNDERLIN SEX M

RR CLM NO D214-05-6053
RR CLM NO
SSA CLM NO 214-05-6053A
BEN SS NO 214-05-6053

SSA RUN DATE 04/08/81
DOB 09/06/18
BENEFIT CODE OASI
RECOMP IND

ACCRL DT 04/81
DOEC 09/80
DOEI 09/80
DOST 12/80
OLD MBP $ 138.40

NEW MBP $ 138.40
ACCR AMT
IMPACC CD
DIS ONS DT
DIS ENT DT
DOD 12/00/80

RPC

COA NO ZIPCD 92410

NAME AND ADDRESS

CHESTER R SUNDERLIN
1118 W KING ST
SAN BERNARDINO CA
92410

NEW HISTORY DATA / OLD HISTORY DATA

EFF DT	MBA	RFD	WIC	BPD	EHC	EFF-DT	MBA	RFD	WIC	BPD	EHC
09/80	$ 138.40			PD		09/80	$ 138.40			PD	
12/80	$ 138.40	T	1	NOT PD							

NLAF T1 PCOC MID-ATL
OLAF E PRC
CCI MIL
SJI 1 DRIM
SSC B MOE-IND

PIA DATA

PIA EFF 09/80
PIA CD 0
PIA AMT 173.00

DPA DATA

DPA DOB 09/18
CODE NAME CSUND
YR LST WKD 60
YR DEATH
SERV MO 37-46
TOT SERV MO 158
GF-HI IND TD
RR EMPLOYEE CR SUNDERLIN

ORIG CLM NO 214056053
ORIG BEN SUF

OVER/UNDER PAYMENT DATA

TEMP DED OP 1
TDO1 YEAR
TEMP DED OP 2
TDO2 YEAR
RECOV OP/UP AMT
OP/UP CODE
DUE PROC OP AMT $ 553.60
DUE PROC RECOV DT 05/81
DUE PROC OP TYPE 01
DUE PROC WH AMT 035

MESSAGES
ALERT - JURIS DETERM REQUIRED
NO RECORD ON CHICO

RRB FORM G-37e (9-80)

JURISDICTION TELETYPE MESSAGE TO SSA

DATE JUN 4 - 1981

TO

CHIEF, PROGRAM SERVICE CENTER, SSA, Philadelphia (CITY) Pa (STATE)

SSA NO. RE	NAME OF WAGE EARNER	DOB	DOD
214-05-6053	Chester Sunderlin	9/6/18	12-1-80

MESSAGE

☐ (JURISDICTION DETERMINATION REVERSAL:)

☐ RRB HAS JURISDICTION OF SURVIVOR BENEFITS PAYABLE ON THIS ACCOUNT.

☒ SSA HAS JURISDICTION OF SURVIVOR BENEFITS PAYABLE ON THIS ACCOUNT.

REPLY

REPLY ATTN: RC 2345 (BUDGET NO.) A 214-05-6053 (RRB CLAIM NO.)

ehoskins (SENDER) dev 7 (UNIT) 4681 (EXT.)

FROM

BUREAU OF RETIREMENT CLAIMS
RAILROAD RETIREMENT BOARD
CHICAGO, IL.

TRIC REQUEST FOR WAGE AND MBR INFORMATION

07

USE THESE NUMERIC CODES FOR ITEMS 10, 11, 32, 33, 43 AND 44:

A-01	C-03	E-05	G-07	I-09	K-11	M-13	O-15	Q-17	S-19	U-21	W-23	Y-25
B-02	D-04	F-06	H-08	J-10	L-12	N-14	P-16	R-18	T-20	V-22	X-24	Z-26

M/S CODES
0 - NONE CLAIMED
1 - CLAIMED AND VERIFIED
2 - TWO PERIODS OF M/S
3 - MORE THAN TWO PERIODS OF M/S

PART I IDENTIFICATION

1. CLAIM NO. (PREFIX CODES: A-1, D-4, H-8) PRE / SSA / CLAIM NUMBER: 1 2 1 4 0 5 6 0 5 3

2. UNIT CODE 01-RM 03-SM 04-CCR 05-OPR 06-HIO 07-DB 13-BCS 16-RXR 17-RXS: 0 3

3. RASI RESPONSE 1-YES 2-NO: [ ]

4. SS A/N OF RR EE (ONLY ENTER "X" IF A/N IS SAME AS ITEM 1.): X

5. ENTER "X" IF **NOT** COMPLETING PART II: X

* PART II REQUEST CODES
EMPLOYEE
01 - SER AND MBR ON OWN A/N
04 - MBR ON ANY A/N
13 - RECOMP PIA
90 - SEE RCM 9.1
91 - SEE RCM 9.1

PART II EMPLOYEE REQUEST

6. PAYMENT INDICATION 1-ACTIVE 2-SUSP. 3-TERM. 4-DENIAL: 3

7. TYPE OF REQUEST*: 7 0

8. DATE OF BIRTH MO DAY YR: 0 9 0 6 1 8

9. SEX 1 - MALE 2 - FEMALE: 1

10. SURNAME (FIRST 6 LETTERS) — USE NUMERIC CODES: 1 9 2 1 1 4 0 4 0 5 1 8

11. INITIALS (USE NUMERIC CODES) FIRST MIDDLE: 0 3 1 8

12. EMPLOYEE'S DF ONSET DATE MO DAY YR

13. EMPLOYEE'S ABD MO DAY YR

14. CURRENT CONNECTION 3 - ON 12-31-74 4 - ON ABD

15. DLW (RR) MO DAY YR

16. DLW (LPS) MO DAY YR

17. LAG CODE 1 - NO LAG COMP 2 - LAG-CURRENT YEAR 3 - LAG-CURRENT AND PRIOR YRS.

18. TIER 1 LAG DATA — CURRENT YEAR (YEAR, SM, COMPENSATION) — PRIOR YEAR (YEAR, SM, COMPENSATION)

19. TIER 2 LAG DATA — CURRENT YEAR (COMPENSATION) — PRIOR YEAR (COMPENSATION)

20. EE. ANN. CODE — 74 ACT / 37ACT: FULL 1 / 6; RED. 2 / 7; DISAB. 3 / 8; 60/30-DF 4 / 9

21. M/S CODE (SEE ABOVE)

22. M/S BEG. DATE (FIRST PERIOD) MO YR

23. M/S END. DATE (FIRST PERIOD) MO YR

24. FORCE CODE: X

25. M/S BEG. DATE (SECOND PERIOD) MO YR

26. M/S END. DATE (SECOND PERIOD) MO YR

27. VERIFIED PRIOR SERVICE MONTHS

28. PRIOR SERVICE AVERAGE

29. ENTER "X" IF **NOT** COMPLETING PART III: X

** PARTS III & IV REQUEST CODES

SPOUSE: 05-SER AND MBR ON OWN A/N; 03-MBR ON EE'S A/N; 04-MBR ON ANY A/N; 90-SEE RCM 9.1; 91-SEE RCM 9.1

WIDOW: 06-SER AND MBR ON OWN A/N; 04-MBR ON ANY A/N; 90-SEE RCM 9.1; 91-SEE RCM 9.1

OTHER: 09-MBR ON ANOTHER A/N; 12-SER AND MBR ON OWN A/N; 90-SEE RCM 9.1; 91-SEE RCM 9.1

PART III FIRST AUX REQUEST

30. PAYMENT INDICATION 1-ACTIVE 2-SUSP. 3-TERM. 4-DENIAL

31. TYPE OF REQUEST**

32. SEARCH A/N (ONLY ENTER "X" IF SAME AS ITEM 4): X

33. SURNAME (FIRST 6 LETTERS) — USE NUMERIC CODES (ONLY ENTER "X" IF SAME AS ITEM 10): X

34. INITIALS (USE NUMERIC CODES) FIRST MIDDLE

35. DATE OF BIRTH MO DAY YR

36. SEX 1 - MALE 2 - FEMALE

37. RRB STATUS 0-EE 1-SP

38. YEAR INSURED STATUS REQUIRED

39. FORCE CODE: X

40. ENTER "X" IF **NOT** COMPLETING PART IV: X

PART IV SECOND AUX REQUEST

41. PAYMENT INDICATION 1-ACTIVE 2-SUSP. 3-TERM. 4-DENIAL

42. TYPE OF REQUEST**

43. SEARCH A/N (ONLY ENTER "X" IF SAME AS ITEM 4): X

44. SURNAME (FIRST 6 LETTERS) — USE NUMERIC CODES (ONLY ENTER "X" IF SAME AS ITEM 10): X

45. INITIALS (USE NUMERIC CODES) FIRST MIDDLE

46. DATE OF BIRTH MO DAY YR

47. SEX 1 - MALE 2 - FEMALE

48. RRB STATUS 0-EE 1-SP

49. YEAR INSURED STATUS REQUIRED

50. FORCE CODE: X

PREPARED BY: ehoskins

DATE: 6-4-81

RRB FORM G-60 (1-79)

Form RR-3 (1-76)
U.S. Railroad Retirement Board
844 Rush Street, Chicago, Illinois 60611
RRB REPORT OF EVENTS
AFFECTING SSA PAYMENTS

1. SSA Claim No. 214-05-6053 A

2. RRB Claim No. A 214-05-6053

3. Ben. SSA No. 214-05-6053

4. Ben Name Chester Sunderlin

5. To: SSA Program Center
Attention: RRB Contact
Philadelphia Pa

6. RRB CANNOT PROCESS ATTACHED SSA-3103 FOR FOLLOWING REASON

- ☐ RR employee has less than 120 months of RR service.
- ☐ RR employee deceased - SSA has jurisdiction of survivor benefits.
- ☐ Item ________ incomplete or omitted.
- ☐ Possibility of entitlement to RR annuity remote. (See remarks)
- ☐

7. NOTICE OF POST-ENTITLEMENT EVENT

Event Chester Sunderlin
died

Date 12-1-80

SS benefits paid thru 10/31/80

RRB has stopped payments. If reinstatement or adjustment in order, initiate SSA-3103. (See remarks for any OSR actions.)

8. NOTICE OF POST-ENTITLEMENT ALERT

Event ____________

Date ____________

RRB has continued payments. If suspension or adjustment in order, initiate SSA-3103.

9. ☐ Change of name and/or address. RRB Form G-268 attached.

10. PAYEE DISCREPANCY

SS benefits certified to
RRB Payee ____________
Address ____________
Phone No. ____________
Status ☐ Beneficiary ☐ Other
☐ Parent for Child
☐ Court Appointed

11. TRANSFER TO SSA

RRB no longer has authority to pay SS benefits because ____________

SS benefits paid thru ____________
☐ RR-80 attached
☐ RR-90 attached

12. Cash remittance of $________ received on ________. That amount has been transferred to the appropriate SSA Trust Fund.

13. REMARKS

ck dated 12/1/80
ret'd due and payable

☐ Remarks continue on reverse.

14. Certification

BY E hoskins

Date Form Released 6-5-81

FOR H.P. Gibbons
Director of Retirement Claims

RRB FORM G-35 (2-72)

STATEMENT OF JURISDICTION AND/OR RECORD OF TRANSFER

RRB CLAIM NO. A

SSA ACCOUNT NO. 214-05-6053

DECEASED EMPLOYEE'S NAME Chester Sunderlin

DATE OF DEATH 12-1-80

BUREAU OF DATA PROCESSING & ACCOUNTS

1 ☐ RRB HAS JURISDICTION—G-73a BEING PROCESSED

2 SSA HAS JURISDICTION
☐ CURRENT CONNECTION NOT APPARENT
☐ LESS THAN 120 MONTHS OF EMPLOYER SERVICE
________ MONTHS OF SERVICE AFTER 1936

3 ☐ RR-14 INITIATED
☐ SSA-794 NOT REQUIRED

4 CLAIM TRANSFERRED TO SSA:
APPLICATION FORM NUMBER ________
FIELD OFFICE NUMBER ________
DATE APPLICATION FILED ________
NAME AND ADDRESS OF APPLICANT:

5 GROSS AMOUNT OF RESIDUAL
$ ________

REMARKS:

________ (PREPARED BY) ________ (DATE)

BUREAU OF RETIREMENT CLAIMS

6 ☐ RRB HAS JURISDICTION-REQUEST FOR RR E/R RETURNED TO SSA
OFFICE: ________ DATE ________
________ DATE ________

7 CASE TRANSFERRED TO SSA ON BASIS OF:
☑ ~~RR-90~~ G73a
☐ REQUEST FOR RR E/R TO ☐ PC OR ☐ DO
AT ________ (CITY, STATE)
REASON FOR TRANSFER:
☑ CURRENT CONNECTION NOT APPARENT
☐ LESS THAN 120 MONTHS OF EMPLOYER SERVICE

8 ☐ FORM SS-5 RETURNED
☐ FORM OA-702 RETURNED
☑ NEITHER FORM IN FILE

9 MATERIAL TRANSFERRED TO SSA:
☑ APPLICATION AA21 (2)
☐ POM ☐ POD ☐ PO M/S
☐ POA ☑ G-273a ☑ CC RL-71 (2)
☐ RL-115 ☐ OTHER *(Specify Below)*:

REMARKS:

Yvonne Greer JUN 2 1 1981

ehaskin (PREPARED BY) 6/4/81 (DATE)

Railroad Retirement Notice

RL-71
(8-80)

UNITED STATES RAILROAD RETIREMENT BOARD
844 Rush St., Chicago, Illinois 60611

DATE: JUN 2 1 1981

BUREAU OF RETIREMENT CLAIMS

RRB CLAIM NUMBER

ALWAYS USE THESE LETTERS AND NUMBERS WHEN WRITING US

Survivor insurance benefits are not payable to you under the Railroad Retirement Act because the employee was not insured under that Act for death benefits.

You may be entitled to survivor benefits under the Social Security Act. Those benefits would be based on the employee's combined railroad and social security earnings. Survivor benefits are payable by either the Railroad Retirement Board or the Social Security Administration, but not by both, even though the employee may have received benefits from both agencies while he was alive.

We have transferred the claims material in our file to the Social Security Administration. You will hear from them shortly about your entitlement under the Social Security Act.

Very truly yours,

Thomas J. Bodkin

Thomas J. Bodkin
Acting Director of
Retirement Claims

cc DO
San Bernardino Ca

cc SSA PC
Philadelphia PA

Yvonne Greer

eh

CF

RRB FORM G-659a (9-66)

CHECK LIST FOR SURVIVOR APPLICATIONS

1. TO D/O:

2. DATE

3. RRB CLAIM NO. A

4. NAME OF DECEASED EMPLOYEE: CHESTER R. SUNDERLAN

5. SSA NO.: 214-05-6053

6. EMPLOYEE DIED: COMPLETELY (FULLY) INSURED ☐ RRB ☐ SSA ☐ NEITHER

7. DOD

8. LAST RAILROAD EMPLOYER

9. ☐ WIA BEING PAID AT MA RATE

10. CHECK OUTSTANDING DATED:

11. D/O: San Bernardino

12. DATE: 3-11-81

13. ☐ FAST PAY CASE ☐ HQ SELECTED ☐ FIELD SELECTED ADVANCE NOTICE SENT ☐ FIELD SELECTED NO ADVANCE NOTICE

14.

NAME, ADDRESS, AND TELEPHONE NUMBER OF SURVIVOR(S) OR APPLICANT(S)	DATE OF BIRTH	RELATIONSHIP OR TITLE	APPLICATION REQ.	RECEIVED PERSON	RECEIVED MAIL	RECEIVED EMP.	FORM NUMBER
Pat Butler, 436 Sequoia, San Bernardino CA 92407, Phone. 882-7239	adult	DTR	X		X		AA 21
SUSAN E. GLYNN, 425 E Live Oak Av Apt 226, Arcadia, CA 91006, Phone 213-445-5198	adult	Dtr	X		X		AA 21

15.

	REQUIRED FORMS AND DOCUMENTS	ATT.	PREV. SUB.	TO BE SUB.
X	POD 12-1-80	X		
	POM DOM:			
	POA AND/OR POR OF:			
	G-476a			
	RL-94-F			
	RL-113			
	POM/S			
X	PO PAYMENT B/E:	X		
	PO PAYMENT LI/E:			
	PO APPT. LEGAL REP.			
	DEPEND. STATEMENT OF PARENT OR G-467			

16. REMARKS

No c/c

Z Korolski

17. FOR HEADQUARTERS USE ONLY

☐ G-73a and att. released on (date)
☐ G-90 ☐ G-88a ☐ G-438 ☐ OA-C794 ☐ RR-90
☐
☒ G-73a not released

G-659a (9-66)

602

PART II

SURVIVOR
FOR DEATH BENEFITS

NAME OF APPLICANT Susan E. Glynn CLAIM NO. A214-05-6053

THE CLAIM BY, OR ON BEHALF OF, THE APPLICANT IS DISALLOWED FOR THE REASON(s) CHECKED BELOW:

TYPE OF CLAIM: ☐ INSURANCE ANNUITY (Y) ☑ LUMP-SUM DEATH PAYMENT (Y) ☐ RESIDUAL PAYMENT

(X) ☐ ANNUITIES DUE BUT UNPAID AT DEATH

- (50) ☑ Employee not completely or partially insured. No c/c
- (51) ☐ Not widow or widower under state law.
- (52) ☐ Not "widow or widower" under act. (Does not meet marriage duration req.)
- (53) ☐ Widow or widower not "living with" employee.
- (54) ☐ Widow does not have "in her care" a child who is entitled under act.
- (55) ☐ Not child under state law.
- (56) ☐ Child not disabled.
- (57) ☐ Child not disabled within time limit.
- (58) ☐ No adoption or equitable adoption established.
- (59) ☐ Step relationship not within time limit.
- (60) ☐ Temporary work deductions; initial annuities not paid A/C excess engs.
- (61) ☐ Disqualified from inheriting intestate personal property under state law.
- (62) ☐ Application not filed within time limit.
- (63) ☐ Person with superior right survives.
- (64) ☐ Did not pay any part of burial expenses.
- (65) ☐ Has been or will be reimbursed for burial expenses.
- (66) ☐ Burial expenses paid under contractual obligation or under a plan, system or general practice.
- (67) ☐ Nothing to pay distributees.
- (68) ☐ Application cancelled.
- (75) ☐ Other reason (INDICATE): __________

☐ Closed Without Award

CLAIMS EXAMINER 202	DATE	AUTHORIZER	DATE	CODE CLERK	DATE
ehoskins	6/5/81	Yvonne Greer	JUN 2 1 1981	W JOHNSON	6-12-81

PART III

APPLICANT FOR HEALTH INSURANCE

NAME OF APPLICANT __________ CLAIM NO. __________

THE CLAIM BY, OR ON BEHALF OF, THE APPLICANT IS DISALLOWED FOR THE REASON(s) CHECKED BELOW:

TYPE OF BENEFICIARY: ☐ EMPLOYEE ☐ SPOUSE ☐ WIDOW(ER) ☐ SURV. DIS. CH. ☐ PARENT ☐ IPI

- ☐ Applicant failed to submit necessary evidence.
- ☐ Less than 120 months in service. Transf. to SSA.
- ☐ (Spouse) Employee less than age 62. Transf. to SSA.
- ☐ Annuity applicant not eligible for annuity. HI applicant not eligible for coverage.
- ☐ Applicant not disabled.
- ☐ Less than age 65.
- ☐ Other reason (INDICATE): __________

CLAIMS EXAMINER	DATE	AUTHORIZER	DATE	CODE CLERK	DATE

G-183 (12-76)

601

PART II

SURVIVOR
FOR DEATH BENEFITS

NAME OF APPLICANT PAT BUTLER   CLAIM NO. A214-05-6053

THE CLAIM BY, OR ON BEHALF OF, THE APPLICANT IS DISALLOWED FOR THE REASON(s) CHECKED BELOW:

TYPE OF CLAIM: ☐ INSURANCE ANNUITY   Ⓨ ☑ LUMP-SUM DEATH PAYMENT   Ⓨ ☐ RESIDUAL PAYMENT

⊗ ☐ ANNUITIES DUE BUT UNPAID AT DEATH

- (50) ☑ Employee not completely or partially insured. No c/c
- (51) ☐ Not widow or widower under state law.
- (52) ☐ Not "widow or widower" under act. (Does not meet marriage duration req.)
- (53) ☐ Widow or widower not "living with" employee.
- (54) ☐ Widow does not have "in her care" a child who is entitled under act.
- (55) ☐ Not child under state law.
- (56) ☐ Child not disabled.
- (57) ☐ Child not disabled within time limit.
- (58) ☐ No adoption or equitable adoption established.
- (59) ☐ Step relationship not within time limit.
- (60) ☐ Temporary work deductions; initial annuities not paid A/C excess engs.
- (61) ☐ Disqualified from inheriting intestate personal property under state law.
- (62) ☐ Application not filed within time limit.
- (63) ☐ Person with superior right survives.
- (64) ☐ Did not pay any part of burial expenses.
- (65) ☐ Has been or will be reimbursed for burial expenses.
- (66) ☐ Burial expenses paid under contractual obligation or under a plan, system or general practice.
- (67) ☐ Nothing to pay distributees.
- (68) ☐ Application cancelled.
- (75) ☐ Other reason (INDICATE): ______

☐ Closed Without Award

CLAIMS EXAMINER 202	DATE	AUTHORIZER	DATE	CODE CLERK	DATE
E Hoskins	6/5/81	Yvonne Greer	JUN 2 1	1981 W Johnson	6-22-81

PART III

APPLICANT FOR HEALTH INSURANCE

NAME OF APPLICANT ______   CLAIM NO. ______

THE CLAIM BY, OR ON BEHALF OF, THE APPLICANT IS DISALLOWED FOR THE REASON(s) CHECKED BELOW:

TYPE OF BENEFICIARY: ☐ EMPLOYEE ☐ SPOUSE ☐ WIDOW(ER) ☐ SURV. DIS. CH. ☐ PARENT ☐ IPI

- ☐ Applicant failed to submit necessary evidence.
- ☐ Less than 120 months in service. Transf. to SSA.
- ☐ (Spouse) Employee less than age 62. Transf. to SSA.
- ☐ Annuity applicant not eligible for annuity. HI applicant not eligible for coverage.
- ☐ Applicant not disabled.
- ☐ Less than age 65.
- ☐ Other reason (INDICATE): ______

CLAIMS EXAMINER	DATE	AUTHORIZER	DATE	CODE CLERK	DATE

G-183 (12-76)

RRB FORM NO. G-24 (10-55)

CLAIM NUMBER

FOLDER RECORD OF ACTION TAKEN

FORM RELEASED G-80

RELEASED TO MAT/PSC

OTHER ACTION:

6-18-81 (DATE)

Stanley Bertram M-7 (EXAMINER)

RRB FORM G-73a (8-71)

REQUEST FOR CERTIFICATION OR TRANSFER–SURVIVOR CLAIM

560
6-19

1 WAGE REQUEST FORWARDED TO SSA

DATE ______

3 RRB CLAIM NO

A

2 NAME OF DECEASED EMPLOYEE (LAST-FIRST INITIAL-MIDDLE INITIAL)

Sunderlin, C.R.

☐ FOREIGN RESIDENT

8 SSA NO.

214-05-6053

4 DATE OF DEATH	5 DATE OF BIRTH	6 FEMALE	7 PRIOR S.M.
12/1/80	9/6/18	☐	—

9 RSI LAG EMPLOYERS AND ADDRESSES — FROM — TO

10 MILITARY SERVICE

BRANCH ______

FROM ______ TO ______

FROM ______ TO ______

VERIFIED BY ☐ SSA ☐ RRB ☐ PROOF ATTACHED

11 ☐ APPL. F/D OR ☐ DLW

12 COMPUTATION DATA

A ☐ DEC'D REC'D ANN. BEFORE 1948 BASED ON AT LEAST 10 YRS. SERVICE

$______ (AV. MO. COMP.)

B ☐ DEC'D WAS A PENSIONER

$______ (AMT. OF PEN.) $______ (AV. MO. EARN.)

C ☐ SURVIVOR AWARD MADE AFTER 9-5-58; EMPLOYEE DIED BEFORE 2-15-58. BA PREV. COMPUTED BASED ON:

$______ (AV. MO. REMUN.) ______ (INCREMENT YRS.)

13 EFFECTIVE DATE(S) OF ANNUITY

14 DISABILITY FREEZE ESTABLISHED FROM ______ TO ______

DISABILITY FREEZE ESTABLISHED BY SSA ☐ YES ☐ NO

15 LAG CODES ☐ (1) ☐ (3) ☐ (2) ☐ (4)

16 YEAR BEFORE DEATH LAG

17 YEAR OF DEATH LAG

YR	SM	COMP.	YR	SM	COMP.

18 ☐ C/C ☒ C/C BROKEN ☐ C/C UNKNOWN

19 COMPUTER PROCESSING CODES:

CODE	TYPE
(21) ☐	"A" CASE
(22) ☐	"A" CASE WITH AMC
(23) ☐	INITIAL "D"
(24) ☐	AME (PENSIONER)
(25) ☐	PA (PENSIONER)
(26) ☐	PREVIOUS AMR BASIC AMOUNT
(45) ☐	GROSS RESIDUAL ONLY
(46) ☒	RRB TRANSFER

20 TYPE OF PAYMENT:

A ☐ LUMP SUM

B ☐ MONTHLY ANNUITY O/M COMP. REQ'D.

C ☐ UNKNOWN O/M COMP. REQ'D.

22 SSA BENEFICIARY

☐ RIB OR DIB

21 JURISDICTIONAL DATA

A ☒ RRB DOES NOT HAVE JURISDICTION

B ☐ RESIDUAL PAID ELECTION MADE

C ☐ RESIDUAL PAID-NO ELECTION SA OR LSDP TO ______

D ☐ CLAIMS MATERIAL ATTACHED

E ☒ BENEFITS DEDUCTIBLE FROM GROSS RESIDUAL $ -0-

SIGNED E Hoskins

DATE JUN 2 1 1981

23 REMARKS:

FILE ONLY

EXAMINER	UNIT	DATE

RRB FORM G-94b (5-68)

CLAIM NO. A-214-05-6053

RECORD OF PHONE INQUIRY

EMPLOYEE'S NAME CHESTER R. SUNDERLIN

TO: SSA, MATPSC, ~~PHILA~~, PA 597-4635 (D/O OR HQTRS. UNIT CALLED) ______ (PERSON CONTACTED)

FROM: M7 (D/O OR HQTRS. UNIT CALLING) [signature] (PERSON MAKING INQUIRY) 8-19-81 (DATE)

INFORMATION REQUESTED: Status of G-80?

Reply — no record — UTL folder

RRB will send another G-80.

REPLY TO BE MADE BY: ☐ T/T ☐ MEMO ☐ PHONE ☐ ______

WHEN PHONE REPLY MADE, SHOW INFORMATION FURNISHED:

PHONE REPLY:	Made by	Received by	Date

G-94b (5-68)

RRB FORM NO. G-24 (10-55)

CLAIM NUMBER

FOLDER RECORD OF ACTION TAKEN

FORM RELEASED G-80

RELEASED TO SSA, MATPSC

OTHER ACTION:

8-19-81 (DATE)

S. Bergtman (EXAMINER)

RRB FORM G-80 (3-76)

RESIDUAL LUMP-SUM DATA FROM SSA RECORDS

INSTRUCTIONS

THIS FORM WILL BE PREPARED BY SSA'S PROGRAM SERVICE CENTERS UPON RECEIPT OF RRB'S REQUEST FOR FORM G-80. THE INFORMATION FURNISHED BY SSA WILL BE USED TO PROVIDE RESIDUAL LUMP-SUM INFORMATION TO ELIGIBLE SURVIVORS UNDER THE RAILROAD RETIREMENT ACT.

U.S. RAILROAD RETIREMENT BOARD
BUREAU OF RETIREMENT CLAIMS
844 RUSH STREET
CHICAGO, ILLINOIS 60611

1 DATE

2 NAME OF WAGE EARNER: CHESTER R. SUNDERLIN

3 RRB CLAIM NO.: D-214-05-6053

4 SSA NO.: 214-05-6053

5 DATE OF BIRTH: 9-6-18

6 DATE OF DEATH: 12-1-80

GREAT LAKES
SEP 3 1981

SECTION A — BENEFIT STATUS

7 Does information in the file indicate that a child of the W/E will be born posthumously? . . . . YES ☐ NO ☒

If *"Yes,"* give approximate date ____________________

8 Have monthly benefits ever been awarded to a survivor of the W/E? . . . . YES ☐ NO ☒ S
If *"Yes,"* answer (a) *and complete Item 12.*
If *"No,"* answer (b).

(a) Has entitlement terminated? . . . . YES ☐ NO ☐

If *"Yes,"* give reason ____________________

(b) Is there possible current entitlement to survivor benefits? . . . . YES ☐ NO ☒

9 Is there a widow, widower, and/or parent UNDER qualifying age who is potentially entitled to insurance benefits at qualifying age? . . . . YES ☒ NO ☐

If *"Yes,"* furnish the rates the survivor WOULD RECEIVE AT AGE 60, based on the current PIA, with AND without railroad compensation considered:

NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH	RATE OF BENEFIT BASED ON: WAGES ONLY	WAGES AND COMPENSATION	SEC. 217 (B)
BEULAH M HUGHES	DIVORCE SPOUSE	12/10/22	137.60		

SECTION B — INFORMATION ABOUT SURVIVORS

10 If a widow, widower, and/or parent is not listed in item 9, furnish the following information with respect to any relative, or other person mentioned in the claims file:

NAME	ADDRESS	RELATIONSHIP	AGE OR DATE OF BIRTH

RECEIVED NOV 10 1981 ... SECTION

SECTION C — SUMMARY OF MONTHLY RATES

11 — MONTHLY RATES PAYABLE TO W/E AND OTHERS DURING W/E'S LIFETIME (LESS THAN 120 MONTHS OF RR SERVICE CASES ONLY)

	TYPE OF PAYMENT	MONTHLY RATE	FROM	THROUGH
(a) Were SS benefits paid during the W/E's lifetime based on COMBINED RR and SS earnings? YES ☐ NO ☐ If "*Yes,*" furnish life rates based on the combined RR and SS earnings in the blocks at right and also complete item 11(b) below.				
(b) Was the W/E insured WITHOUT RR earnings included? YES ☐ NO ☐ If "*Yes,*" furnish rates as they would have been based on SS earnings ALONE in the blocks at right.				

IF NOT INSURED WITHOUT RR EARNINGS, FURNISH TOTAL SS EARNINGS $ ______

12

	TYPE OF PAYMENT	MONTHLY RATE	FROM	THROUGH
Monthly rates paid or payable to survivors of W/E				

SECTION D — LUMP-SUM DEATH PAYMENT

13 Amount $ ______

☐ PAID IN FULL
☐ PARTIALLY PAID
☐ APPLICATION DENIED
☒ OTHER (EXPLAIN IN SEC. G) Not Paid

Paid to:

☐ WIDOW LIVING WITH W/E IN SAME HOUSEHOLD
☐ PAYER OF BURIAL EXPENSES:
TOTAL REIMBURSABLE BURIAL EXPENSES $ ______

SECTION E — PROOFS FILED WITH SSA

14 (a) W/E's death: YES ☐ NO ☒

(b) Marriage or Relationship: YES ☐ NO ☒ (PHOTO-COPY OR TRANSCRIPT REQUIRED)

SECTION F — VERIFIED MILITARY SERVICE

15 Branch ______

Period		Certified as compensation credits	
(a) FROM ______	TO ______	YES ☐	NO ☐
(b) FROM ______	TO ______	YES ☐	NO ☐
(c) FROM ______	TO ______	YES ☐	NO ☐

SECTION G — REMARKS

Proofs required by SSA to actually established the Potential entitlement is not in file.

13 - Lump-Sum death Payment not Paid. No one filed claim.

~~CHIEF~~ CA SSA PAYMENT CENTER

BY B Riley M27 -

531 11/12

RRB FORM G-80 (8-76)

RESIDUAL LUMP-SUM DATA FROM SSA RECORDS

INSTRUCTIONS

THIS FORM WILL BE PREPARED BY SSA'S PROGRAM SERVICE CENTERS UPON RECEIPT OF RRB'S REQUEST FOR FORM G-80. THE INFORMATION FURNISHED BY SSA WILL BE USED TO PROVIDE RESIDUAL LUMP-SUM INFORMATION TO ELIGIBLE SURVIVORS UNDER THE RAILROAD RETIREMENT ACT.

U.S. RAILROAD RETIREMENT BOARD
BUREAU OF RETIREMENT CLAIMS
844 RUSH STREET
CHICAGO, ILLINOIS 60611

1 DATE

2 NAME OF WAGE EARNER: CHESTER R. SUNDERLIN

3 RRB CLAIM NO.: D-214-05-6053

4 SSA NO.: 214-05-6053

5 DATE OF BIRTH: 9-6-18

6 DATE OF DEATH: 12-1-80

SECTION A — BENEFIT STATUS

7 Does information in the file indicate that a child of the W/E will be born posthumously? . . . . . . YES ☐ NO ☒

If *"Yes,"* give approximate date ____

8 Have monthly benefits ever been awarded to a survivor of the W/E? . . . . YES ☐ NO ☒
If *"Yes,"* answer (a) *and complete item 12.*
If *"No,"* answer (b).

(a) Has entitlement terminated? . . . . YES ☐ NO ☐

If *"Yes,"* give reason ____

(b) Is there possible current entitlement to survivor benefits? . . . . YES ☐ NO ☒

9 Is there a widow, widower, and/or parent UNDER qualifying age who is potentially entitled to insurance benefits at qualifying age? . . . . YES ☒ NO ☐

If *"Yes,"* furnish the rates the survivor WOULD RECEIVE AT AGE 60, based on the current PIA, with AND without railroad compensation considered:

NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH	RATE OF BENEFIT BASED ON: WAGES ONLY	WAGES AND COMPENSATION	SEC. 217 (B)
BEULAH M HUGHES	DIVORCE SPOUSE	12/10/22	137.60		

SECTION B — INFORMATION ABOUT SURVIVORS

10 If a widow, widower, and/or parent is not listed in item 9, furnish the following information with respect to any relative, or other person mentioned in the claims file:

NAME	ADDRESS	RELATIONSHIP	AGE OR DATE OF BIRTH

SECTION C — **SUMMARY OF MONTHLY RATES**

11 — MONTHLY RATES PAYABLE TO W/E AND OTHERS DURING W/E'S LIFETIME (LESS THAN 120 MONTHS OF RR SERVICE CASES ONLY)

	TYPE OF PAYMENT	MONTHLY RATE	FROM	THROUGH
(a) Were SS benefits paid during the W/E's lifetime based on COMBINED RR and SS earnings? YES ☐ NO ☐ If "*Yes,*" furnish life rates based on the combined RR and SS earnings in the blocks at right and also complete item 11(b) below.				
(b) Was the W/E insured WITHOUT RR earnings included? YES ☐ NO ☐ If "*Yes,*" furnish rates as they would have been based on SS earnings ALONE in the blocks at right.				

IF NOT INSURED WITHOUT RR EARNINGS, FURNISH TOTAL SS EARNINGS $ ____________

12

	TYPE OF PAYMENT	MONTHLY RATE	FROM	THROUGH
Monthly rates paid or payable to survivors of W/E				

SECTION D — **LUMP-SUM DEATH PAYMENT**

13

Amount $ ____________

- ☐ PAID IN FULL
- ☐ PARTIALLY PAID
- ☐ APPLICATION DENIED
- ☒ OTHER (EXPLAIN IN SEC. G) NOT PAID

Paid to:

- ☐ WIDOW LIVING WITH W/E IN SAME HOUSEHOLD
- ☐ PAYER OF BURIAL EXPENSES:

TOTAL REIMBURSABLE BURIAL EXPENSES $ ____________

SECTION E — **PROOFS FILED WITH SSA**

14

(a) W/E's death: YES ☐ NO ☐

(b) Marriage or Relationship: YES ☐ NO ☒ (PHOTO-COPY OR TRANSCRIPT REQUIRED)

SECTION F — **VERIFIED MILITARY SERVICE**

RECEIVED SSA 1981 SEP -2 PM 12:30 MATPSC

15

Branch ____________

Period		Certified as compensation credits	
(a) FROM ______ TO ______		YES ☐	NO ☐
(b) FROM ______ TO ______		YES ☐	NO ☐
(c) FROM ______ TO ______		YES ☐	NO ☐

SECTION G — **REMARKS**

Proofs required by SSA to actually establish the potential entitlement is not in file.

13 – Lump sum death payment not paid. no one file a claim

~~CHIEF~~ SSA PAYMENT CENTER CA

BY B. Riley M21 10/5/81

RRB FORM G-94b (5-68)

RECORD OF PHONE INQUIRY

CLAIM NO. A-214-05-6053

EMPLOYEE'S NAME Chester A Sunderlin

TO: SSA MATPSC Phila Pa 597-4635 (D/O OR HQTRS. UNIT CALLED) Sherman Gauthney (PERSON CONTACTED)

FROM: BRC-SMB (D/O OR HQTRS. UNIT CALLING) T. Hickey (PERSON MAKING INQUIRY) 11/5/81 (DATE)

INFORMATION REQUESTED: Status of G-80. G80 sent to us 10/15/81 - not ~~copy~~ rcd today. Will send copy to ~~us~~ me direct.

REPLY TO BE MADE BY: ☐ T/T ☐ MEMO ☐ PHONE ☒ G80 copy

WHEN PHONE REPLY MADE, SHOW INFORMATION FURNISHED:

PHONE REPLY:	**Made by**	**Received by**	**Date**

G-94b (5-68)

Form RR-3 (1-76)
U.S. Railroad Retirement Board
844 Rush Street, Chicago, Illinois 60611
RRB REPORT OF EVENTS
AFFECTING SSA PAYMENTS

1. SSA Claim No. 214-05-6053

2. RRB Claim No. D-214-05-6053

3. Ben. SSA No. 214-05-6053

4. Ben Name Chester R. Sunderlin

5. To: SSA Program Center
Attention: RRB Contact
MATPSC
PHILA PA.

6. RRB CANNOT PROCESS ATTACHED SSA-3103 FOR FOLLOWING REASON

- ☐ RR employee has less than 120 months of RR service.
- ☐ RR employee deceased - SSA has jurisdiction of survivor benefits.
- ☐ Item ________ incomplete or omitted.
- ☐ Possibility of entitlement to RR annuity remote. (See remarks)
- ☐

7. NOTICE OF POST-ENTITLEMENT EVENT

Event ________________

Date ________________

SS benefits paid thru ________________

RRB has stopped payments. If reinstatement or adjustment in order, initiate SSA-3103. (See remarks for any OSR actions.)

8. NOTICE OF POST-ENTITLEMENT ALERT

Event ________________

Date ________________

RRB has continued payments. If suspension or adjustment in order, initiate SSA-3103.

9. ☐ Change of name and/or address. RRB Form G-268 attached.

10. PAYEE DISCREPANCY

SS benefits certified to
RRB Payee ________________
Address ________________

Phone No. ________________

Status ☐ Beneficiary ☐ Other
☐ Parent for Child
☐ Court Appointed

11. TRANSFER TO SSA

RRB no longer has authority to pay SS benefits because ________________

SS benefits paid thru ________________

- ☐ RR-80 attached
- ☐ RR-90 attached

12. Cash remittance of $________ received on ________. That amount has been transferred to the appropriate SSA Trust Fund.

13. REMARKS

Above W/E died 12/1/80. ~~12/80~~
SSA ck dated 12/8/80 for
$138.40 due & payable as
per our RR3 of 6-5-81. Have
you pd. $138.40 u/p yet? If
not, to whom should
we pay it? Pl reply asap

☐ Remarks continue on reverse.

14. Certification T Hickey

BY

Date Form Released 7/18/81
12/22/81

RRB FORM NO. G-26 (2-61)

ROUTE SLIP

DATE CP 1/20

TO SSA, MATPSC
PHILA, PA

- [ ] PER YOUR REQUEST
- [ ] PER OUR CONVERSATION
- [ ] FOR YOUR INFORMATION
- [ ] FOR YOUR APPROVAL
- [ ] FOR YOUR SIGNATURE
- [ ] NOTE AND FILE
- [ ] PREPARE REPLY FOR MY SIGNATURE
- [ ] TAKE APPROPRIATE ACTION
- [ ] SEE ME ABOUT THIS
- [ ] NOTE AND RETURN TO ME
- [ ] COMMENT AND RETURN

COMMENTS COMPLETE & RETURN THIS G-80 TO ADDRESS SHOWN ON FORM. IF QUESTIONS, CALL FTS 387-4681

RR CREDITS TRFD,

CLAIMANT:
PATRICIA L. BUTLER
436 SEQUOIA
SAN BERNARDINO, CA 92407

FROM (FOLD HERE FOR RETURN)

RRB, CHGO, IL M-7

ROOM NO.

no specific inquiry re RLS
divorced wife
married over 10 yrs.
T Hickey 1/18/87

RR G80 Returned to RRB
B. R. 08/21/82

RRB FORM G-80 (8-76)

RE[illegible]AL LUMP-SUM DATA FROM SSA RECORDS

INSTRUCTIONS

THIS FORM WILL BE PREPARED BY SSA'S PROGRAM SERVICE CENTERS UPON RECEIPT OF RRB'S REQUEST FOR FORM G-80. THE INFORMATION FURNISHED BY SSA WILL BE USED TO PROVIDE RESIDUAL LUMP-SUM INFORMATION TO ELIGIBLE SURVIVORS UNDER THE RAILROAD RETIREMENT ACT.

U.S. RAILROAD RETIREMENT BOARD
BUREAU OF RETIREMENT CLAIMS
844 RUSH STREET
CHICAGO, ILLINOIS 60611

1 DATE

2 NAME OF WAGE EARNER: CHESTER R. SUNDERLIN

3 RRB CLAIM NO.: D-214-05-6053

4 SSA NO.: 214-05-6053

5 DATE OF BIRTH: 9-6-18

6 DATE OF DEATH: 12-1-80

SECTION A — BENEFIT STATUS

7 Does information in the file indicate that a child of the W/E will be born posthumously? . . . . . . YES ☐ NO ☒

If *"Yes,"* give approximate date ______

8 Have monthly benefits ever been awarded to a survivor of the W/E? . . . . . . YES ☐ NO ☒
If *"Yes,"* answer (a) *and complete item 12.*
If *"No,"* answer (b).

(a) Has entitlement terminated? . . . . . . YES ☐ NO ☐

If *"Yes,"* give reason ______

(b) Is there possible current entitlement to survivor benefits? . . . . . . YES ☐ NO ☒

9 Is there a widow, widower, and/or parent UNDER qualifying age who is potentially entitled to insurance benefits at qualifying age? . . . . . . YES ☒ NO ☐

If *"Yes,"* furnish the rates the survivor WOULD RECEIVE AT AGE 60, based on the current PIA, with AND without railroad compensation considered:

NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH	RATE OF BENEFIT BASED ON: WAGES ONLY	WAGES AND COMPENSATION	SEC. 217 (B)
BEULAH M HUGHES	DIVORCE SPOUSE	12/10/22	137.60		

SECTION B — INFORMATION ABOUT SURVIVORS

10 If a widow, widower, and/or parent is not listed in item 9, furnish the following information with respect to any relative, or other person mentioned in the claims file:

NAME	ADDRESS	RELATIONSHIP	AGE OR DATE OF BIRTH

SECTION C	SUMMARY OF MONTHLY RATES			
11	TYPE OF PAYMENT	MONTHLY RATE	FROM	THROUGH

MONTHLY RATES PAYABLE TO W/E AND OTHERS DURING W/E'S LIFETIME (LESS THAN 120 MONTHS OF RR SERVICE CASES ONLY)

(a) Were SS benefits paid during the W/E's lifetime based on COMBINED RR and SS earnings?

YES ☐ NO ☐

If "*Yes*," furnish life rates based on the combined RR and SS earnings in the blocks at right and also complete item 11(b) below.

TYPE OF PAYMENT	MONTHLY RATE	FROM	THROUGH

(b) Was the W/E insured WITHOUT RR earnings included?

YES ☐ NO ☐

If "*Yes*," furnish rates as they would have been based on SS earnings ALONE in the blocks at right.

TYPE OF PAYMENT	MONTHLY RATE	FROM	THROUGH

IF NOT INSURED WITHOUT RR EARNINGS, FURNISH TOTAL SS EARNINGS $ ______

12	TYPE OF PAYMENT	MONTHLY RATE	FROM	THROUGH
Monthly rates paid or payable to survivors of W/E				

SECTION D — LUMP-SUM DEATH PAYMENT

13

Amount $ ______

☐ PAID IN FULL

☐ PARTIALLY PAID

☐ APPLICATION DENIED

☒ OTHER (EXPLAIN IN SEC. G) Not Paid

Paid to:

☐ WIDOW LIVING WITH W/E IN SAME HOUSEHOLD

☐ PAYER OF BURIAL EXPENSES:

TOTAL REIMBURSABLE BURIAL EXPENSES $ ______

SECTION E — PROOFS FILED WITH SSA

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(PHOTO-COPY OR TRANSCRIPT REQUIRED)

SECTION F — VERIFIED MILITARY SERVICE

15

Branch ______

Period | Certified as compensation credits

(a) FROM ______ TO ______ YES ☐ NO ☐

(b) FROM ______ TO ______ YES ☐ NO ☐

(c) FROM ______ TO ______ YES ☐ NO ☐

SECTION G — REMARKS

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13 - Lump - Sum death Payment not Paid. No one filed claim.

CHIEF SSA PAYMENT CENTER
CA -
BY B Riley M21

535 12-22

Form RR-3 (1-76)
U.S. Railroad Retirement Board
844 Rush Street, Chicago, Illinois 60611
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Address ______

Phone No. ______

Status ☐ Beneficiary ☐ Other
☐ Parent for Child
☐ Court Appointed

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☐ Remarks continue on reverse.

14. Certification BY T Hickey

Date Form Released ~~11/18/81~~ 12/22/81

— over —

At This Time We Do Not Have An Indication, In Our Files, Of A Person Qualified To Receive An Underpayment. We Are Currently Developing For A Payee. We Will Recontact You When Our Development Is Received.

SSweigert (30)
01-14-82

RECEIVED
JAN 22 1982
RAILROAD RETIREMENT BOARD
MAILROOM SECTION